

TEXAS DEPARTMENT OF WATER RESOURCES  
Industrial Solid Waste Disposal Compliance Monitoring Inspection

MAJOR

Inspection Cover Sheet (see reverse side for checklist use and general instructions)

Compliant                     

Noncompliant   ✓  

Texas Permit/Reg. No. 30347

EPA I.D. No. TXD008018004

Site Operator Information:

Name of Company General Motors Corporation

Company's Address 2525 East Abram Street, Arlington, Texas 76010

Phone No. (817) 649-6350

Site Address see above

Phone No. see above County Tarrant

Type of Industry manufacture automobiles

Indicate below Classes of Waste managed (Hazardous-H, Class I nonhazardous-NH, Class II-III)

Generator H Transporter                      Small Quantity Generator                     

Treatment H Disposal                      Storage                     ; 90 Day Exemption                     

Site Information (T.S.D. facilities only)

1. Are facilities located outside the 100 year flood plain area? yes
2. Describe land use within one mile commercial, residential
3. Closed or abandoned facilities none

Inspection Information:

1. Inspector's Name & Title Jenny Menard - Envi. Quality Specialist
2. Inspection Date June 4, 1984
3. Inspection Participants Don Tunstall

Approved:                                       
District Supervisor

Signed: Jenny Menard  
Inspector

Date: July 9, 1984

COMPLIANCE MONITORING INSPECTION REPORT  
Generators Checklist

Section A - Hazardous Waste Determination 335.6(e) and 335.62

1. A determination has been made that the solid waste(s) generated is either hazardous or non-hazardous. Yes ☒ No ☐
2. If the answer to #1 is yes, check the method used for determination:
- a. Listed as a hazardous waste in Title 40 CFR Part 261, Subpart D \_\_\_\_.
- b. Process or materials knowledge \_\_\_\_.
- c. Tested for characteristics as identified in Title 40 CFR Part 261, Subpart C ☒.  
(If equivalent test method used, attach a copy)
3. The following wastes, if generated, have been tested to determine nonhazardous characteristics:
- |                         |   |                             |   |
|-------------------------|---|-----------------------------|---|
| a. Class I nonhazardous | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| b. Class II             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| c. PCB (storage)        | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
- If no, list on the comments sheet those wastes deemed nonhazardous or processes from which non-hazardous waste was produced.
4. Notification of waste stream changes are current. Yes ☒ No ☐ N/A ☐

Section B - Special Conditions 335.75

1. If a generator has received from or transported to a foreign source any hazardous waste, the appropriate notice has been filed with the Regional Administrator (EPA requirement only). Yes ☐ No ☐ N/A ☒
2. Waste was manifested and signed by foreign consignee. Yes ☐ No ☐ N/A ☒
3. Confirmation of waste transported out of the country has been received by the generator. Yes ☐ No ☐ N/A ☒

Section C - Record Keeping and Reports 335.9 and 335.70-.72

1. Generator maintains the required records and reports for 3 years.

Yes ☒ No ☐

☒ At the facility

☐ Elsewhere (note location in comments sheet)

2. Disposal methods described in the registration agree with actual situation [335.6(b)].

Yes ☒ No ☐

3. Spills or unauthorized discharges are reported as required (335.453).

Yes ☐ No ☐ N/A ☒

DO NOT COMPLETE SECTION D IF GENERATOR DISPOSES OF HAZARDOUS AND/OR NONHAZARDOUS WASTE ON-SITE ONLY.

Section D - Pretransport and Manifest Requirements 335.65-.69

(According to Don Tunstall Name, Owner/Operator, Manager)

1. Identify primary off-site disposal facility(s).  
Use comments sheet or add registration waste list properly annotated.

*see attached registration*

2. TDWR manifest shipping control ticket is properly completed.

Yes ☒ No ☐ N/A ☐

3. Generator receives return (white) copy of shipping control ticket.

Yes ☒ No ☐ N/A ☐

4. Generator is familiar with DOT packaging requirements identified in Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

5. Containers used to temporarily store waste before transport meet the DOT packaging requirements of Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

6. Generator labels and marks each package in accordance with Title 49 CFR Part 172.

Yes ☒ No ☐

7. Each container of 110 gallons or less is marked with the required hazardous waste warning label.

Yes ☐ No ☐ N/A ☒

8. If hazardous wastes are accumulated for more than 90 days, the generator (is/will be) a permitted storage facility.

Yes ☐ No ☐ N/A ☒

9. Generator inspects containers for leakage or corrosion at least weekly (335.245).

Yes ☒ No ☐

10. If leaking or bulging container is found, operator transfers waste into a usable container properly lined not to react with the waste.

Yes ☐ No ☐ N/A ☒

11. Generator locates containers holding ignitable or reactive waste at least 15 meters (50 feet) from the facility's property line (335.246).

Yes ☒ No ☐ N/A ☐

12. Containers holding incompatible wastes are kept apart by physical barrier or sufficient distance (335.118).

Yes ☐ No ☐ N/A ☒

NOTE: If tanks are used, complete checklist for tanks.

13. Storage area has containment protection as set forth in Title 40 CFR Part 264.175, Use and Management of Containers.

Yes ☒ No <sup>1</sup> ☐

NOTE 1: This will be a future permit requirement.

14. Describe drum or container storage area. Use photos and/or comments sheet.

*Drum storage area is approximately 100 ft x 100 ft, with a 6 inch curb and an emergency drain to the pretreatment system.*

COMPLIANCE MONITORING INSPECTION REPORT  
Facilities Checklist  
TAC 335.111-.118

Section A - General Facility Standards

1. Proof of deed recordation of on-site disposal facilities has been provided to the agency. Yes\_\_\_ No\_\_\_ N/A ☒
2. A sketch of facilities, general site orientation showing landfills, surface impoundments, injection wells, drainage routes, water bodies/courses and other pertinent features (separate sketch or diagram of landfill(s) etc.) should be attached to this and other facility checklist(s).

NOTE: For all nonhazardous, noncommercial facilities do not complete the remainder of this Facilities Checklist. Proceed to specific type facility checklists and complete one checklist for each disposal facility or multi-comments on a single checklist.

Section B - Waste Analysis 335.114

1. Facility has a waste analysis plan. Yes\_\_\_ No ☒
2. Waste plan is maintained at the facility. Yes\_\_\_ No ☒
3. Waste plan includes the following:
  - a. Parameters for which each waste will be analyzed. Yes\_\_\_ No ☒
  - b. Test methods used to test for these parameters. Yes\_\_\_ No ☒
  - c. Sampling method used to obtain sample. Yes\_\_\_ No ☒
  - d. Frequency with which the initial analysis will be reviewed or repeated. Yes\_\_\_ No ☒

NOTE: Frequency includes requirement to repeat whenever waste stream or process(es) is changed.

- \*e. Waste analyses that generators have agreed to supply. Yes\_\_\_ No\_\_\_ N/A ☒
- \*f. Procedures which are used to inspect and analyze each movement of hazardous waste including:
  - (1) Procedures to be used to determine the identity of each movement of waste. Yes\_\_\_ No\_\_\_ N/A ☒
  - (2) Sampling method to be used to obtain representative sample of the waste to be identified. Yes\_\_\_ No\_\_\_ N/A ☒

4. The facility provides adequate security (335.115). Yes ☒ No ☐

- a. ☒ 24-hour surveillance system (e.g. television monitoring or guards).

OR

- b. ☒ Artificial or natural barrier around facility (e.g. fence or fence and cliff).

Describe chain link fence

- c. ☒ Means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access).

Describe attended and locked entrances

5. Facility has a sign with the legend "Danger - Unauthorized Personnel Keep Out".

Yes ☒ No ☐ N/A ☐

Section C - General Inspection Requirements 335.116

1. Facility has a written inspection schedule (and plan).

Yes ☒ No ☐

☒ Plan is maintained at the facility  
☐ Elsewhere (note location in comments sheet)

2. Inspection schedule (plan) provides for inspecting the following:

- a. Monitoring equipment.

Yes ☒ No ☐

- b. Safety and emergency equipment.

Yes ☒ No ☐

- c. Security devices.

Yes ☒ No ☐

- d. Operating and structural equipment.

Yes ☒ No ☐

3. Schedule or plan identifies the types of problems to be looked for during inspection:

- a. Malfunctions and deterioration.

Yes ☐ No ☒

- b. Operator error. Yes\_\_\_ No ☒
- c. Discharge or threat of discharge. Yes\_\_\_ No ☒
4. The owner/operator maintains an inspection log which includes:
- a. Date and time of inspection. Yes ☒ No\_\_\_
- b. Name of inspector. Yes ☒ No\_\_\_
- c. Notation of observations. Yes ☒ No\_\_\_
- d. Date and nature of repairs or remedial action. Yes ☒ No\_\_\_
5. Malfunctions or other deficiencies noted in the inspection log have been rectified. Yes ☒ No\_\_\_ N/A\_\_\_
6. Inspection log records are maintained for 3 years. Yes ☒ No\_\_\_

Section D - Personnel Training 335.117

1. Owner/operator maintains Personnel Training Records at the facility. Yes ☒ No\_\_\_
2. Personnel Training Records include:
- a. Job Title and written job description of each position. Yes ☒ No\_\_\_
- b. Description of type and amount of training. Yes ☒ No\_\_\_
- c. Records of training given to facility personnel. Yes ☒ No\_\_\_
3. Personnel Training Records are maintained for the appropriate length of time. Yes ☒ No\_\_\_

Section E - Requirements for Ignitable, Reactive or Incompatible Waste 335.118

1. Owner/operator is familiar with proper separation and safeguards needed to prevent ignition or reaction of ignitable or reactive waste. Yes ☒ No\_\_\_
- a. Use comments sheet to describe separation and confinement procedures.
- b. Use comments sheet to describe any potential sources of ignition or reaction.
2. Smoking and open flame are confined to specifically designated locations. Yes ☒ No\_\_\_
3. "No Smoking" signs are posted in hazardous areas. Yes ☒ No\_\_\_

Section F - Preparedness and Prevention 335.131-.137

1. Describe any evidence of fire, explosion, or contamination of the environment in the comments sheet.
2. Facility is equipped with:
  - a. Internal communication or alarm system within easy access. Yes ☒ No ☐ N/A ☐
  - b. Telephone or two-way radio to call emergency response personnel. Yes ☒ No ☐ N/A ☐
  - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment tested regularly to assure proper operation. Yes ☒ No ☐ N/A ☐
  - d. Water volume adequate for hoses, sprinklers or water spray system. Yes ☒ No ☐ N/A ☐
3. Aisle space is sufficient to allow unobstructed movement of personnel and equipment. Yes ☒ No ☐ N/A ☐
4. Owner/operator has attempted to make arrangements with the local response authorities to familiarize them with the layout of the facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, and possible evacuation routes. Yes ☒ No ☐ N/A ☐
5. In the case that more than one police and fire department might respond, a primary authority has been designated. Yes ☐ No ☐ N/A ☒
6. Owner/operator has attempted to make agreements with State emergency response teams, emergency response contractors and equipment suppliers. Yes ☒ No ☐ N/A ☐
7. Owner/operator has attempted to make arrangements with local hospitals to familiarize them with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility. Yes ☒ No ☐ N/A ☐
8. State or local authorities have entered into the necessary arrangements. Yes ☒ No ☐ N/A ☐



Section G - Contingency Plan and Emergency Procedures 335.151-.157

1. A contingency plan is maintained at the facility. Yes ☒ No ☐
2. Contingency plan is: a. a revised SPCC Plan ☒  
b. a separate document ☐  
c. adequate to meet emergency procedures requirements Yes ☒ No ☐
3. Emergency coordinator is on-site or on call at all times. Yes ☒ No ☐

Section H - Manifest System, Recordkeeping and Reporting 335.171-.177

1. Owner/operator complies with manifest requirements. Yes ☒ No ☐ N/A ☐  
*no green copies maintained*
- NOTE: If 1 is N/A, go to question 6 below.
2. Waste received from a rail or water (bulk shipment) transporter are accompanied by a properly executed shipping paper. Yes ☐ No ☐ N/A ☒
3. All shipments of waste received have been consistent with the manifest. Yes ☐ No ☐ N/A ☐
4. Unmanifested waste was reported to the Executive Director [335.15(b)]. Yes ☐ No ☐ N/A ☒
5. Discrepancies have been reconciled with the generator and transporter. Yes ☐ No ☐ N/A ☒
6. Owner/operator keeps a written operating record at the facility. Yes ☐ No ☒
7. Operating record reflects the following:
- a. Description, quantity of each hazardous waste received and method(s) and date of T.S.D. at the facility. Yes ☐ No ☒
- b. Location and quantity of each hazardous waste within the facility (for disposal facilities, quantity on a map or diagram of each cell or disposal area, for all facilities cross-reference to shipping ticket Nos.). Yes ☐ No ☒
- c. Records and results of waste analyses and trial tests. Yes ☒ No ☐
- d. Summary Reports of all incidents that require implementing the contingency plan. Yes ☒ No ☐
- e. Closure cost estimates for all facilities (335.232). Yes ☒ No ☐
- f. Post closure cost estimates for disposal facilities (335.233). Yes ☒ No ☐ N/A ☐

8. Owner/operator maintains an adequate closure plan for all facilities. Yes\_\_\_ No ☒ N/A\_\_\_

9. Owner/operator maintains an adequate post closure plan for disposal facilities. Yes\_\_\_ No\_\_\_ N/A ☒

10. If the owner/operator is required to furnish financial assurance (owner/operator of a hazardous waste treatment, storage or disposal facility),

What is the estimated closure cost?

\$420,000

What is the estimated post closure cost?

none

11. Closure (and post closure) costs are adjusted for inflation on an annual basis. Yes ☒ No\_\_\_

12. Owner/operator established financial assurance for "current" closure (and post closure) cost(s) with TDWR by July 6, 1982. Yes ☒ No\_\_\_

a. If no, but financial assurance was established at a later date, specify when:

b. Specify the method(s) of assurance of financial responsibility for these costs:

financial test

13. The closure and post closure costs appear to adequately meet the estimates for the most expensive point in a facilities operating life (see also page 27 of the Group II checklist.).

Yes ☒ No\_\_\_

#### Liability Coverage Requirements

40 CFR 265.147

1. Facility owner/operator had sudden accidental coverage (1 million per occurrence with annual aggregate of 2 million) demonstrated by July 15, 1982. Yes ☒ No\_\_\_ N/A\_\_\_

a. If no, but sudden coverage was established at a later date, specify when:

- Combination \_\_\_\_\_  
(amount)

# INDUSTRIAL SOLID WASTE

## Compliance Monitoring Inspection Report Surface Impoundments Checklist (TAC 335.281-.288)

Class of Waste ( H )

\*\*\*

1. Are surface impoundments presently used to treat or store waste? Yes ☒ No ☐
- a. If yes, inspect the impoundments.
- \*\*2. Does the impoundment appear to maintain at least 2 feet (60 cm) of freeboard? Yes ☒ No ☐
- \*\*3. Check for evidence of overtopping of the dike. Is the facility compliant? Yes ☒ No ☐
- \*\*4. Check for evidence of seepage. Is the facility compliant? Yes ☒ No ☐
5. Containment system for dyked or dammed impoundments (335.283)
  - \*\*a. Does the earthen dike have a protective cover (e.g. grass, shale, rock) to minimize wind and water erosion? no earthen dike, concr  
Yes ☐ No ☒ dike
6. What wastes are treated or stored in the impoundment? paint sludge

---

7. Are waste analyses and trial tests conducted on these wastes (chemical processing of a different hazardous waste or method only)? N/A ☒ Yes ☐ No ☐
  - a. If not, does the owner/operator have written documented information on similar treatment of similar wastes? Yes ☐ No ☐
8. Is this information retained in the operating record? N/A ☒ Yes ☐ No ☐
9. Is the impoundment inspected daily to check freeboard level? Yes ☐ No ☒
10. Is the impoundment, dikes and vegetation surrounding the dike inspected weekly to detect leaks, deterioration or failures? Yes ☐ No ☒

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\*(Changed 9/10/82, response format realigned, other minor changes)

\*\*See Note on Page 1

\*\*\*This response column indicates noncompliance.

\*\*\*

11. Does the impoundment have a liner?

Yes ☒ No ☐

a. If Yes, what type? gunite reinforced w/ #4 rebar at 18" spacings

b. If Yes, does it have a leachate collection and removal system?

Yes ☐ No ☒

\*\*12. Is there evidence of ignitable or reactive wastes placed in the impoundment?

Yes ☐ No ☒

a. If Yes, explain in comments sheet [review 335.118(a)];  
or

b. If Yes, is the impoundment used solely for emergencies?

Yes ☐ No ☐

\*\*13. Is there evidence of incompatible wastes placed in the impoundment [if yes, review 335.118(b)]?

Yes ☐ No ☒

14. Are monitor wells required for this site? (Refer to Rule 335.191-.195 - Ground Water Monitoring)

Yes ☒ No ☐

a. Has owner/operator installed, operated and maintained a ground water monitoring system (unless waived) prior to 11/19/81?

Yes ☐ No ☒

NOTE 1: Attach Ground Water Monitoring Report if answer to question 14 is yes.

15. Describe impoundment(s) site and indicate plat map, location(s) and designation(s). Also describe each impoundment's dimensions and capacity (acre-feet):

NOTE 2: If the answer is No for Nos. 5a, 7a, 8, 9, 10 and No. 14 after 11/19/81, explain in comments sheet.

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\*(Changed 9/10/82, response format realigned)

\*\*See Note on Page 1

\*\*\*See Note Page 3

INDUSTRIAL SOLID WASTE

\*Closure and Post-Closure Compliance Review Checklist  
(TAC Section 335.211-.220)

\*\*

Note: List each type of hazardous waste T, S, D facility, number and volume in the comments sheet.

I. CLOSURE PLAN; Is there a written plan? Yes ☒ No ☐

1. Does the plan identify the \*MAXIMUM EXTENT OF OPERATION which will be unclosed during the life of the facility? Yes ☒ No ☐

\*Note: The rules [335.213(a)(1)] require that the closure plans identify the maximum extent of the operation which will be unclosed during the life of the facility. If the plan is based on the expected extent of operations to be closed just prior to closure, it is important to consider whether that represents the "maximum" in this question.

2. Does the plan identify the steps for PARTIAL and/or COMPLETE CLOSURE [335.213(a)], at any time during the intended operating life, of

a. surface impoundments? N/A ☐ Yes ☒ No ☐

b. landfills? N/A ☒ Yes ☐ No ☐

c. tanks? N/A ☒ Yes ☐ No ☐

d. other (specify: dum storage) Yes ☒ No ☐

3. Is there an estimate of the MAXIMUM INVENTORY of wastes in storage or treatment at any time during the life of the facility? N/A ☐ Yes ☒ No ☐

4. Does the plan clearly identify the STEPS TO CLOSE [335.213(a)]?

a. at any point during the intended operating life? Yes ☒ No ☐

b. at the end of the intended operating life? Yes ☒ No ☐

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\*(Changed 10/13/83, added question to I above; this checklist is for use with "Part A" permit applicants that have not submitted "Part B" application)

\*\*This response column indicates noncompliance.

5. Are the following STEPS TO CLOSE included in the plan:
- |   |   |   |  |
|---|---|---|--|
| a. removal of wastes [335.214(a)]?                              | N/A <input type="checkbox"/>            | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| b. treatment of wastes [335.214(a)]?                            | N/A <input checked="" type="checkbox"/> | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| c. waste disposal [335.214(a)]?                                 | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| d. cover [335.344(a)]?  | N/A <input checked="" type="checkbox"/> | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| e. decontamination of equipment and structures [335.213(a)(3)]? | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| f. closure certification [335.216]?                             | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
6. Does the plan describe the DECONTAMINATION [335.213(a)(3)] of facility equipment and structures?  
N/A ☐ Yes ☒ No ☐
7. With respect to CERTIFICATION of closure (335.216), does the closure plan describe scheduled or estimated number of inspections?  
Yes ☒ No ☐
8. Does the plan identify the YEAR when closure is expected to occur [335.213(a)(4)]? Year  Yes ☐ No ☒ *no expected closure*
9. Is there a SCHEDULE for final closure activities [335.213(a)(4)]?  
Yes ☐ No ☐
10. Closure plan evaluated 6/4/84 : Adequate  
(date) Yes ☐ No ☒

COMMENTS

The closure plan does not include any steps to insure that the soil beneath the surface impoundment has been decontaminated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. POST-CLOSURE PLAN CHECKLIST; Is there a written plan? \*N/A ☒ Yes \_\_\_ No \_\_\_

\*Note: If no post-closure required, proceed to Cost Estimate Checklist.

1. Does the post-closure plan provide for 30 years of post-closure care? N/A \_\_\_ Yes \_\_\_ No \_\_\_

How many years of post-closure care? \_\_\_\_\_

2. Does the plan clearly identify the ACTIVITIES required in the post-closure care? Yes \_\_\_ No \_\_\_

3. Do the MAINTENANCE PLANS for waste containment structures [335.218(a)(2)] include:

a. maintaining final cover (erosion damage repair) frequencies [335.344(d)(1)]? Yes \_\_\_ No \_\_\_

b. vegetation and fertilizing frequencies [335.218(a)(2)(A)]? Yes \_\_\_ No \_\_\_

c. collecting, removing, and treating leachate activities [335.344(d)(2)]? N/A \_\_\_ Yes \_\_\_ No \_\_\_

d. collecting, removing, and treating leachate frequencies [335.344(d)(2)]? N/A \_\_\_ Yes \_\_\_ No \_\_\_

e. gas collection activities [335.344(d)(3)]? N/A \_\_\_ Yes \_\_\_ No \_\_\_

f. gas collection frequencies [335.344(d)(3)]? N/A \_\_\_ Yes \_\_\_ No \_\_\_

4. Do MONITORING EQUIPMENT MAINTENANCE plans [335.218(a)(2)(B)] include:

a. activities? Yes \_\_\_ No \_\_\_

b. frequencies? Yes \_\_\_ No \_\_\_

5. Does the plan identify the name, address and phone number of the POST-CLOSURE PERIOD CONTACT [335.218(a)(3)]? Yes \_\_\_ No \_\_\_

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\*(Changed 10/13/82; added checklist for use with "Part A" permit applicants that have not submitted "Part B" application)

\*\*\*This response column indicates noncompliance.



III. COST ESTIMATE; Evaluated: 6/4/84  
date

N/A      Yes ✓ No     

1. Is there a written closure cost estimate [335.232(a)]  
(Supp. 14 of Group I for estimated cost? Yes ✓ No     

2. Is the closure cost estimate adequate to cover all  
required closure activities [335.232(a)]? Yes      No ✓

If "No", specify in comments.

3. Is there a written post-closure cost  
estimate [335.233(a)]? N/A ✓ Yes      No     

4. Is the annual estimate multiplied by 30 to  
cover the entire post-closure care period  
[335.233(b)]? Yes      No     

or number of years     

5. Is the cost estimate adequate to cover all the activities  
in the post-closure plan [335.218(a)]? Yes      No     

Including labor costs? Yes      No     

As well as the requirements of notice  
to local land authorities and in deeds  
(335.219 and .220)? Yes      No     

COMMENTS

Closure cost estimate does not include the cost  
of engineer certification.

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\*(Changed 10/13/83, added checklist for use with "Part A" permit applicants that  
have not submitted "Part B" application)

\*\*This response column indicates noncompliance.

# INDUSTRIAL SOLID WASTE

## Compliance Monitoring Inspection Report Ground Water Monitoring Program (335.191-.195)

### 1. Ground Water Monitoring Status:

Detection \_\_\_\_\_ : quarterly sampling \_\_\_\_\_ ; semi annual sampling \_\_\_\_\_  
 Alternate \_\_\_\_\_ (date approved) Waiver \_\_\_\_\_ (date approved)  
 Assessment \_\_\_\_\_ (date approved) Required but not monitoring ✓

Yes No Not Applicable

### 2. Has the following been installed in the uppermost aquifer around the waste management area(s):

At least one hydraulically upgradient well? \_\_\_\_\_ ✓

At least three hydraulically downgradient wells? \_\_\_\_\_ ✓

### 3. If the waste management area includes multiple waste management facilities, is each facility adequately monitored?

\_\_\_\_\_ ✓

### 4. Provide a diagram locating each monitoring well and waste site(s). List depths, diameter and completion data on each well not included on the previous inspection.

no wells, no plan for  
monitoring  
company plans to  
completely close the  
impoundment

### 5. Has an adequate ground water sampling and analysis plan been developed?

Date of evaluation: \_\_\_\_\_  
 If not, list deficiencies:

Is the plan followed?

\_\_\_\_\_

### 6. If monitoring for the first year, are the samples analyzed for:

EPA drinking water standards? \_\_\_\_\_

Ground water quality parameters? \_\_\_\_\_

Ground water contamination parameters? \_\_\_\_\_

Are 4 replicate measurements made for each upgradient well sample? \_\_\_\_\_

Are ground water surface elevations determined at each well each sampling event? \_\_\_\_\_

### 7. Does the facility have an adequate Ground Water Quality Assessment Plan outline?

Date of evaluation: \_\_\_\_\_

\_\_\_\_\_

Compliance Monitoring Inspection Report  
Financial Assurance, Closure and Post Closure Worksheet

To be completed if the facility treats, stores or disposes of hazardous waste such that a permit is required or if the facility has submitted a Part A Application.

Facility: General Motors Corporation EPA No. TXD 008018004  
Address: 2525 East Abram St. Arlington Tx Permit/Reg. No. 30347  
Facility Owner/Operator Fiscal Year End: Month December Inspection Date 6/4/84 Day 31

1. Preinspection call to Bob <sup>Russ Rimple</sup> Brydson (2041) confirms the facility has submitted current financial assurance documents. Yes ☒ No ☐ N/A ☐  
If yes, check the documents submitted:

- ☒ Sudden liability amount \$ 1M per occurrence, 2M annual  
☐ Non-Sudden liability amount \$ \_\_\_\_\_ per occurrence, \$ \_\_\_\_\_ annual  
☒ Closure assurance amount \$ 485,300  
☐ Post Closure assurance amount \$ \_\_\_\_\_

2. Brydson reports documents adequate Yes ☒ No ☐ N/A ☐  
If no, list problems \_\_\_\_\_

For the following questions, review appropriate inspection checklist answers (Group I-Major pages 8-10, Non-major-page 3, and Group II-pages 21-27)

3. Closure Plan is adequate Yes ☐ No ☒ N/A ☐

4. Closure Cost Estimate, amount \$ 485,300 is adequate Yes ☒ No ☐ N/A ☐  
If no, list proper amount \$ \_\_\_\_\_

5. Post Closure Plan is adequate Yes ☐ No ☐ N/A ☒

6. Post Closure Cost Estimate, amount \$ \_\_\_\_\_ is adequate Yes ☐ No ☐ N/A ☒  
If no, list proper amount \$ \_\_\_\_\_

7. Facility has provided financial assurances for closure Yes ☒ No ☐ N/A ☐  
If yes, date effective 12/31/83 Date expires \_\_\_\_\_  
Instrument financial test

8. Facility has provided financial assurances for post closure Yes ☐ No ☒ N/A ☐  
If yes, date effective \_\_\_\_\_ Date expires \_\_\_\_\_  
Instrument \_\_\_\_\_

9. Facility has provided appropriate sudden liability coverage Yes ☒ No ☐ N/A ☐  
If yes, date effective 12/31/83 Date expires \_\_\_\_\_  
Instrument financial test

10. Facility has provided appropriate non-sudden liability coverage. <sup>It is</sup> unclear whether ~~the~~ nonsudden coverage is needed or not. Yes ☐ No ☐ N/A ☐  
If yes, date effective \_\_\_\_\_ Date expires \_\_\_\_\_  
Instrument \_\_\_\_\_

The facility has not provide coverage.

District  
1-3 #8-16

FORM SUBMITTED

By: J. Menard

Date: 7/9/84

MAJOR FACILITIES STATUS SHEET

Initial ☒ Update ☐

ID No.: TXD008018004 Registration/Permit No.: 30347

Facility Name: General Motors Corp. District No.: 4

1. Ground Water Monitoring Status - no groundwater monitoring in place, company plans to completely close surface impoundments
- |            |       |        |       |
|------------|-------|--------|-------|
| Detection  | _____ | Waiver | _____ |
| Assessment | _____ | NA     | _____ |

2. Ground Water Monitoring Well System

a. Evaluated?	NA	_____	NE	_____	DATE EVAL'D	_____
b. Adequate?	YES	_____	NO	_____		

3. Ground Water Sampling, Analysis and Evaluation Program

a. Evaluated?	NA	_____	NE	_____	DATE EVAL'D	_____
b. Adequate?	YES	_____	NO	_____		

4. Notice of Significant Increase in Parameter Concentrations

Submitted?	NA	_____	NO	_____	DATE SUB'D	_____
------------	----	-------	----	-------	------------	-------

5. Ground Water Quality Assessment Report

a. Submitted?	NA	_____	NO	_____	DATE SUB'D	_____
b. Evaluated?	NE	_____	DATE EVAL'D	_____		
c. Adequate?	YES	_____	NO	_____		
d. Showed hazardous waste constituents in ground water?	YES	_____	NO	_____		

6. Waiver Demonstration

a. Evaluated?	NA	_____	NE	_____	DATE EVAL'D	_____
b. Adequate?	YES	_____	NO	_____		

7. Ground Water Monitoring Records

a. Evaluated?	NA	_____	NE	_____	DATE EVAL'D	_____
b. Adequate?	YES	_____	NP	_____		

ID # TXD 008018004

8. Activities Subject to Closure/Post-Closure

Landfill \_\_\_\_\_  
 Surface Impoundment ☒  
 Land Treatment/Application \_\_\_\_\_

Incinerator \_\_\_\_\_  
 Waste Pile \_\_\_\_\_  
 Other (Specify) ☒  
dum storage

9. Closure Plan

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D 6/4/84  
 b. Adequate? YES \_\_\_\_\_ NO ☒

10. Closure Cost Estimate

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D 6/4/84  
 b. Adequate? YES \_\_\_\_\_ NO ☒  
 c. Amount: \$ 485,300 UNKNOWN \_\_\_\_\_

11. Closure Assurance Instrument(s)

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D 6/4/84  
 b. Adequate? YES ☒ NO \_\_\_\_\_ NO INSTRUMENT \_\_\_\_\_  
 c. Type(s): \_\_\_\_\_

TRUST FUND \_\_\_\_\_  
 FINANCIAL BOND \_\_\_\_\_  
 PERFORMANCE BOND \_\_\_\_\_  
 LETTER OF CREDIT \_\_\_\_\_

INSURANCE \_\_\_\_\_  
 FINANCIAL TEST ☒  
 CORPORATE GUARANTEE \_\_\_\_\_  
 STATE GUARANTEE \_\_\_\_\_  
 OTHER STATE MECHANISM \_\_\_\_\_

12. Post-Closure Plan no post-closure plan, unable to determine at this time if it is needed

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D \_\_\_\_\_  
 b. Adequate? YES \_\_\_\_\_ NO \_\_\_\_\_

13. Post-Closure Cost Estimate

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D \_\_\_\_\_  
 b. Adequate? YES \_\_\_\_\_ NO \_\_\_\_\_  
 c. Amount: \$ \_\_\_\_\_ UNKNOWN \_\_\_\_\_

14. Post-Closure Assurance Instrument(s)

a. Evaluated? NA \_\_\_\_\_ NE \_\_\_\_\_ DATE EVAL'D \_\_\_\_\_  
 b. Adequate? YES \_\_\_\_\_ NO \_\_\_\_\_ NO INSTRUMENT \_\_\_\_\_  
 c. Type(s): \_\_\_\_\_

TRUST FUND \_\_\_\_\_  
 FINANCIAL BOND \_\_\_\_\_  
 PERFORMANCE BOND \_\_\_\_\_  
 LETTER OF CREDIT \_\_\_\_\_

INSURANCE \_\_\_\_\_  
 FINANCIAL TEST \_\_\_\_\_  
 CORPORATE GUARANTEE \_\_\_\_\_  
 STATE GUARANTEE \_\_\_\_\_  
 OTHER STATE MECHANISM \_\_\_\_\_

ID # TXD00801800415. Sudden Liability Instrument(s)

- a. Evaluated? NA      NE      DATE EVAL'D 6/4/84  
 b. Adequate? YES ✓ NO      NO INSTRUMENT       
 c. Amount: \$ 1M per occurrence, \$ 2M annual aggregate  
 d. Type(s):

INSURANCE POLICY     STATE GUARANTEE     FINANCIAL TEST ✓OTHER STATE MECHANISM     16. Nonsudden Liability Instrument(s) only g.m. facilities

- a. Evaluated? NA      NE      DATE EVAL'D       
 b. Adequate? YES      NO      NO INSTRUMENT       
 c. Amount: \$      per occurrence, \$      annual aggregate  
 d. Type(s):

INSURANCE POLICY     STATE GUARANTEE     FINANCIAL TEST     OTHER STATE MECHANISM     17. Closure Process

- a. Process Begun? NO      DATE BEGUN       
 b. In accordance with approved plan and required procedures? YES      NO       
 c. Closure certifications received? NO      DATE REC'D       
 d. Facility released from closure assurance and liability requirements? NA      NO      DATE RELEASED

18. Post-Closure Process

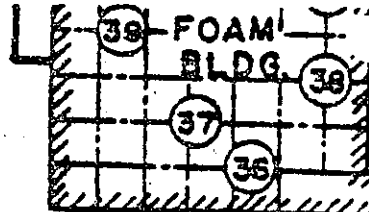
- a. Process Begun? NA      NO      DATE BEGUN       
 b. In accordance with approved plan and required procedures? YES      NO       
 c. Survey plat/Record of wastes received? NO      DATE REC'D       
 d. Post-closure period completed? NO      DATE COMPLETED       
 e. Facility released from post-closure assurance requirements? NA      NO      DATE RELEASED

19. Permit Application

- a. Called? NO      DATE CALLED       
 b. Reason? GROUND WATER      FINANCIAL ASSURANCE       
           CLOSURE      LIABILITY COVERAGE       
           OTHER



General Motors, Inc  
Arlington, Texas  
Registration # 30347  
6/4/84



above ground  
sludge  
separator

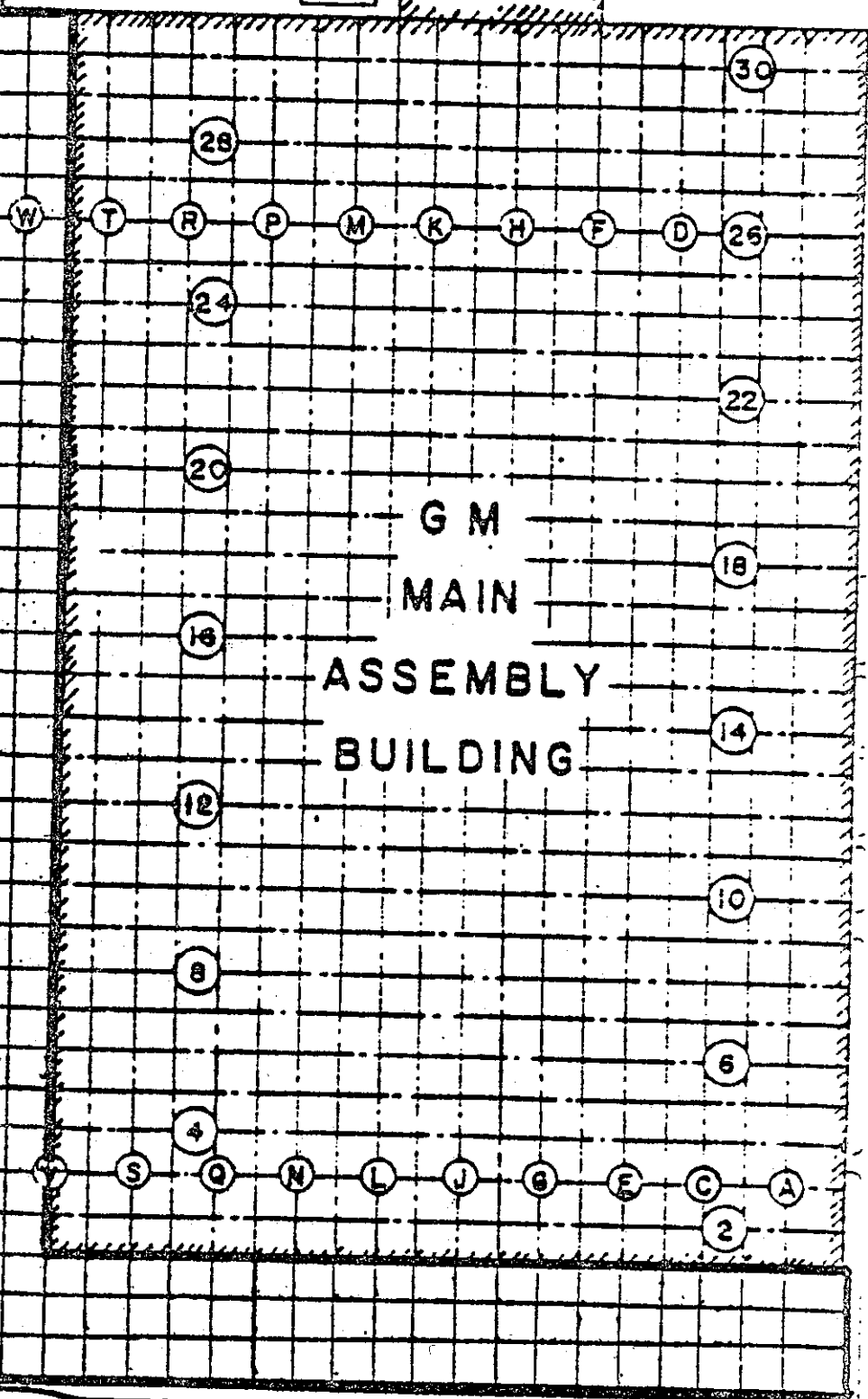
surface  
impoundment

grit  
separator

drum  
storage  
area

PAINT  
MIX

POWER  
HOUSE



TEXAS DEPARTMENT OF WATER RESOURCES

1700 N. Congress Avenue  
Austin, Texas



TEXAS WATER DEVELOPMENT BOARD

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Charles E. Nemir  
Executive Director

July 9, 1984

TEXAS WATER COMMISSION

Paul Hopkins, Chairman  
Lee B. M. Biggart  
Ralph Roming

Mr. Don Tunstall  
General Motors Corporation  
2525 East Abram Street  
Arlington, Texas 76010

Dear Mr. Tunstall:

Re: Registration No. 30347

On June 4, 1984, Jenny Menard of this office contacted you and conducted an industrial solid waste management inspection at your facility.

Some deficiencies noted in program requirements pursuant to the facility's status as a hazardous waste treatment facility include (applicable rule referenced):

1. No waste analysis plan - Rule 335.114(b),
2. No operating record maintained - Rule 335.173,
3. No groundwater monitoring for the surface impoundment - Rules 335.191-.195,
4. Inadequate closure plan - Rules 335.213 and 335.286,
5. Inadequate frequency of inspections - Rule 335.116(b)(4), and
6. Uncovered waste containers for paint sludge - Rule 335.244(a).

It should be noted that if closure of the surface impoundment includes removal of all wastes, the impoundment liner, and any underlying or surrounding contaminated soil, post-closure is not necessary. However, if closure is not complete, a post-closure plan, cost estimate, and appropriate financial assurance are required.



1836-1986



Mr. Don Tunstall  
General Motors Corporation  
Registration No. 30347  
Page 2  
July 9, 1984

Concerning the above deficiencies, it is requested that you submit written response to this office by July 31, 1984 detailing your proposed actions and providing this office with a schedule for attaining compliance with the above-listed rules.

For any assistance in these matters, please contact Jenny Menard at 203 James Collins Boulevard, Duncanville, Texas 75116; phone (214)298-6171.

Sincerely,

Charles D. Gill, P. E.  
District Supervisor

JM:jc

TEXAS DEPARTMENT OF WATER RESOURCES  
Industrial Solid Waste Disposal Compliance Monitoring Inspection

MAJOR

Inspection Cover Sheet (see reverse side for checklist use and general instructions)

Compliant \_\_\_\_\_

Noncompliant ✓

Texas Permit/Reg. No. 30347

EPA I.D. No. TXD008018004

Site Operator Information:

Name of Company General Motors Corporation

Company's Address 2525 East Abram Street, Arlington, Texas 76010

Phone No. (817) 649-6350

Site Address see above

Phone No. see above County Tarrant

Type of Industry manufacture automobiles

Indicate below Classes of Waste managed (Hazardous-H, Class I nonhazardous-NH, Class II-III)

Generator H Transporter \_\_\_\_\_ Small Quantity Generator \_\_\_\_\_

Treatment H Disposal \_\_\_\_\_ Storage \_\_\_\_\_; 90 Day Exemption \_\_\_\_\_

Site Information (T.S.D. facilities only)

1. Are facilities located outside the 100 year flood plain area? yes

2. Describe land use within one mile commercial, residential

3. Closed or abandoned facilities none

Inspection Information:

1. Inspector's Name & Title Jenny Menard - Envi. Quality Specialist

2. Inspection Date June 4, 1984

3. Inspection Participants Don Tunstall

Approved: Don Tunstall  
District Supervisor

Signed: Jenny Menard  
Inspector

Date: July 9, 1984

CONTENTS

Facility Name General Motors Corp.

Reg. # 30347

- 1. CM&E Code Sheet 0814
- 1A. Memo
- ✓ 2. Contents Sheet (if included)
- ✓ 3. Major Group I Checklist or Non Major Checklist
- ✓ 4. \*Facility Checklists
  - N/A A. Landfills
  - ✓ B. Surface Impoundments
  - N/A C. Land Treatment
  - N/A D. Tanks
  - N/A E. Chemical, Physical, Biological Treatment
  - N/A F. Waste Piles
  - N/A G. Incinerators
  - N/A H. Thermal Treatment
- ✓ 5. Closure and Post-Closure Compliance Review Checklist
- ✓ 6. Ground Water Monitoring Program Checklist
- ✓ 7. Financial Assurance, Closure and Post Closure Worksheet
- ✓ 8. Major Facilities Status Sheet (Not Required for Non Majors)
- N/A 9. Generator/Facility/Transporter (GFT) Status (Not Required for Majors)

*N/A because  
treatment occurs  
in surface  
impoundment)*

\* If a Required Checklist is Omitted, Explain Below:

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# Texas Department of Water Resources

## INTEROFFICE MEMORANDUM

TO : Bryan Dixon, Chief, Solid Waste and  
Spill Response Section

THRU :

DATE: July 9, 1984

FROM : Jenny Menard, Environmental Quality Specialist, District 4

SUBJECT: General Motors Corporation - Arlington, Texas  
Registration No. 30347

On June 4, 1984, the writer contacted Mr. Don Tunstall and conducted an annual solid waste management inspection at the above-referenced facility.

The company manufactures automobiles. All hazardous wastes generated except paint sludge are handled in drums. The drums are stored in an outdoor fenced, curbed drum storage area west of the assembly building.

Paint sludge comes from the waterfalls located in three (3) paint lines. The liquid waste from line 1 is separated in a 40,000-gallon aboveground separator tank. The area around the tank is curbed by a 1-foot curb, with an emergency drain to the main pretreatment system. The sludge is removed and stored with the paint sludge from the main pretreatment system. The supernatant liquid flows in with the waste from paint lines 2 and 3 into a grit separator. The grit separator sits in a vaulted sub-surface area. Sludge is automatically raked into a mobile uncovered dumpster. It is disposed of periodically at an authorized hazardous waste disposal site. The liquid flows to the surface impoundment for further settling. The surface impoundment has sloped sides and is lined with gunite with #4 rebar at 18-inch spacings. Sludge is cleaned from the impoundment annually and disposed of at an authorized hazardous waste disposal site.

The company's pretreatment unit consists of a surface impoundment rather than a tank; therefore, the treatment is not exempt from permitting under the pretreatment exemption. However, the company is in the process of building a new pretreatment system that will be exempt from the permit requirement. The new system should be fully operational in early 1986. The company plans to stop using the impoundment in September 1985. At that time, they will completely close the existing system. A closure plan is currently being formulated for closure of the existing pretreatment system.

The company had no waste analysis plan or operating record and the inspection plan provided only for quarterly inspections. Inspection of the surface impoundment freeboard level and diking is not included. The closure plan does not include steps to insure that the soil beneath the surface impoundment

General Motors Corporation - Arlington, Texas

Registration No. 30347

Page 2

July 9, 1984

is not contaminated and the closure cost estimate does not include the cost of engineer certification. The containers used to store paint sludge are not covered.

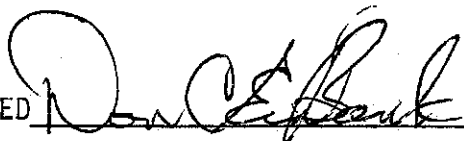
The facility does not have non-sudden coverage. This was not addressed by the district in the letter to the company.

A letter has been sent to the company outlining the deficiencies and requesting a response with a schedule for compliance.

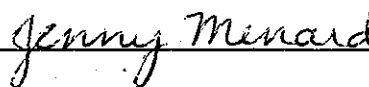
This is submitted for your information.

JM:jc

APPROVED



SIGNED



COMPLIANCE MONITORING INSPECTION REPORT  
Generators Checklist

Section A - Hazardous Waste Determination 335.6(e) and 335.62

1. A determination has been made that the solid waste(s) generated is either hazardous or non-hazardous. Yes ☒ No ☐
2. If the answer to #1 is yes, check the method used for determination:
  - a. Listed as a hazardous waste in Title 40 CFR Part 261, Subpart D \_\_\_\_.
  - b. Process or materials knowledge \_\_\_\_.
  - c. Tested for characteristics as identified in Title 40 CFR Part 261, Subpart C ☒.  
(If equivalent test method used, attach a copy)
3. The following wastes, if generated, have been tested to determine nonhazardous characteristics:
  - a. Class I nonhazardous Yes ☒ No ☐ N/A ☐
  - b. Class II Yes ☒ No ☐ N/A ☐
  - c. PCB (storage) Yes ☐ No ☐ N/A ☒

If no, list on the comments sheet those wastes deemed nonhazardous or processes from which non-hazardous waste was produced.

4. Notification of waste stream changes are current. Yes ☒ No ☐ N/A ☐

Section B - Special Conditions 335.75

1. If a generator has received from or transported to a foreign source any hazardous waste, the appropriate notice has been filed with the Regional Administrator (EPA requirement only). Yes ☐ No ☐ N/A ☒
2. Waste was manifested and signed by foreign consignee. Yes ☐ No ☐ N/A ☒
3. Confirmation of waste transported out of the country has been received by the generator. Yes ☐ No ☐ N/A ☒

Section C - Record Keeping and Reports 335.9 and 335.70-.72

1. Generator maintains the required records and reports for 3 years.

Yes ☒ No ☐

☒ At the facility

☐ Elsewhere (note location in comments sheet)

2. Disposal methods described in the registration agree with actual situation [335.6(b)].

Yes ☒ No ☐

3. Spills or unauthorized discharges are reported as required (335.453).

Yes ☐ No ☐ N/A ☒

DO NOT COMPLETE SECTION D IF GENERATOR DISPOSES OF HAZARDOUS AND/OR NONHAZARDOUS WASTE ON-SITE ONLY.

Section D - Pretransport and Manifest Requirements 335.65-.69

(According to Don Tunstall Name, Owner/Operator, Manager)

1. Identify primary off-site disposal facility(s).  
Use comments sheet or add registration waste list properly annotated.

*see attached registration*

2. TDWR manifest shipping control ticket is properly completed.

Yes ☒ No ☐ N/A ☐

3. Generator receives return (white) copy of shipping control ticket.

Yes ☒ No ☐ N/A ☐

4. Generator is familiar with DOT packaging requirements identified in Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

5. Containers used to temporarily store waste before transport meet the DOT packaging requirements of Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

6. Generator labels and marks each package in accordance with Title 49 CFR Part 172.

Yes ☒ No ☐

7. Each container of 110 gallons or less is marked with the required hazardous waste warning label.

Yes ☐ No ☐ N/A ☒

8. If hazardous wastes are accumulated for more than 90 days, the generator (is/will be) a permitted storage facility.

Yes ☐ No ☐ N/A ☒

9. Generator inspects containers for leakage or corrosion at least weekly (335.245).

Yes ☒ No ☐

10. If leaking or bulging container is found, operator transfers waste into a usable container properly lined not to react with the waste.

Yes ☐ No ☐ N/A ☒

11. Generator locates containers holding ignitable or reactive waste at least 15 meters (50 feet) from the facility's property line (335.246).

Yes ☒ No ☐ N/A ☐

12. Containers holding incompatible wastes are kept apart by physical barrier or sufficient distance (335.118).

Yes ☐ No ☐ N/A ☒

NOTE: If tanks are used, complete checklist for tanks.

13. Storage area has containment protection as set forth in Title 40 CFR Part 264.175, Use and Management of Containers.

Yes ☒ No <sup>1</sup> ☐

NOTE 1: This will be a future permit requirement.

14. Describe drum or container storage area. Use photos and/or comments sheet.

*Drum storage area is approximately 100 ft x 100 ft, with a 6 inch curb and an emergency drain to the pretreatment system.*



COMPLIANCE MONITORING INSPECTION REPORT  
Facilities Checklist  
TAC 335.111-.118

Section A - General Facility Standards

1. Proof of deed recordation of on-site disposal facilities has been provided to the agency. Yes\_\_\_ No\_\_\_ N/A ☒
2. A sketch of facilities, general site orientation showing landfills, surface impoundments, injection wells, drainage routes, water bodies/courses and other pertinent features (separate sketch or diagram of landfill(s) etc.) should be attached to this and other facility checklist(s).

NOTE: For all nonhazardous, noncommercial facilities do not complete the remainder of this Facilities Checklist. Proceed to specific type facility checklists and complete one checklist for each disposal facility or multi-comments on a single checklist.

Section B - Waste Analysis 335.114

1. Facility has a waste analysis plan. Yes\_\_\_ No ☒
2. Waste plan is maintained at the facility. Yes\_\_\_ No ☒
3. Waste plan includes the following:
  - a. Parameters for which each waste will be analyzed. Yes\_\_\_ No ☒
  - b. Test methods used to test for these parameters. Yes\_\_\_ No ☒
  - c. Sampling method used to obtain sample. Yes\_\_\_ No ☒
  - d. Frequency with which the initial analysis will be reviewed or repeated. Yes\_\_\_ No ☒

NOTE: Frequency includes requirement to repeat whenever waste stream or process(es) is changed.

- \*e. Waste analyses that generators have agreed to supply. Yes\_\_\_ No\_\_\_ N/A ☒
- \*f. Procedures which are used to inspect and analyze each movement of hazardous waste including:
  - (1) Procedures to be used to determine the identity of each movement of waste. Yes\_\_\_ No\_\_\_ N/A ☒
  - (2) Sampling method to be used to obtain representative sample of the waste to be identified. Yes\_\_\_ No\_\_\_ N/A ☒

TDWR-

Page 4 of 10 of Group I

\*Note: Applies to off-site commercial facilities only

4. The facility provides adequate security (335.115). Yes ☒ No ☐

- a. ☒ 24-hour surveillance system (e.g. television monitoring or guards).

OR

- b. ☒ Artificial or natural barrier around facility (e.g. fence or fence and cliff).

Describe chain link fence

- c. ☒ Means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access).

Describe attended and locked entrances

5. Facility has a sign with the legend "Danger - Unauthorized Personnel Keep Out".

Yes ☒ No ☐ N/A ☐

Section C - General Inspection Requirements 335.116

1. Facility has a written inspection schedule (and plan).

Yes ☒ No ☐

☒ Plan is maintained at the facility  
☐ Elsewhere (note location in comments sheet)

2. Inspection schedule (plan) provides for inspecting the following:

a. Monitoring equipment.

Yes ☒ No ☐

b. Safety and emergency equipment.

Yes ☒ No ☐

c. Security devices.

Yes ☒ No ☐

d. Operating and structural equipment.

Yes ☒ No ☐

3. Schedule or plan identifies the types of problems to be looked for during inspection:

a. Malfunctions and deterioration.

Yes ☐ No ☒

- b. Operator error. Yes\_\_\_ No ☒
- c. Discharge or threat of discharge. Yes\_\_\_ No ☒
4. The owner/operator maintains an inspection log which includes:
- a. Date and time of inspection. Yes ☒ No\_\_\_
- b. Name of inspector. Yes ☒ No\_\_\_
- c. Notation of observations. Yes ☒ No\_\_\_
- d. Date and nature of repairs or remedial action. Yes ☒ No\_\_\_
5. Malfunctions or other deficiencies noted in the inspection log have been rectified. Yes ☒ No\_\_\_ N/A\_\_\_
6. Inspection log records are maintained for 3 years. Yes ☒ No\_\_\_

Section D - Personnel Training 335.117

1. Owner/operator maintains Personnel Training Records at the facility. Yes ☒ No\_\_\_
2. Personnel Training Records include:
- a. Job Title and written job description of each position. Yes ☒ No\_\_\_
- b. Description of type and amount of training. Yes ☒ No\_\_\_
- c. Records of training given to facility personnel. Yes ☒ No\_\_\_
3. Personnel Training Records are maintained for the appropriate length of time. Yes ☒ No\_\_\_

Section E - Requirements for Ignitable, Reactive or Incompatible Waste 335.118

1. Owner/operator is familiar with proper separation and safeguards needed to prevent ignition or reaction of ignitable or reactive waste. Yes ☒ No\_\_\_
- a. Use comments sheet to describe separation and confinement procedures.
- b. Use comments sheet to describe any potential sources of ignition or reaction.
2. Smoking and open flame are confined to specifically designated locations. Yes ☒ No\_\_\_
3. "No Smoking" signs are posted in hazardous areas. Yes ☒ No\_\_\_

Section F - Preparedness and Prevention 335.131-.137

1. Describe any evidence of fire, explosion, or contamination of the environment in the comments sheet.
2. Facility is equipped with:
  - a. Internal communication or alarm system within easy access. Yes ☒ No ☐ N/A ☐
  - b. Telephone or two-way radio to call emergency response personnel. Yes ☒ No ☐ N/A ☐
  - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment tested regularly to assure proper operation. Yes ☒ No ☐ N/A ☐
  - d. Water volume adequate for hoses, sprinklers or water spray system. Yes ☒ No ☐ N/A ☐
3. Aisle space is sufficient to allow unobstructed movement of personnel and equipment. Yes ☒ No ☐ N/A ☐
4. Owner/operator has attempted to make arrangements with the local response authorities to familiarize them with the layout of the facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, and possible evacuation routes. Yes ☒ No ☐ N/A ☐
5. In the case that more than one police and fire department might respond, a primary authority has been designated. Yes ☐ No ☐ N/A ☒
6. Owner/operator has attempted to make agreements with State emergency response teams, emergency response contractors and equipment suppliers. Yes ☒ No ☐ N/A ☐
7. Owner/operator has attempted to make arrangements with local hospitals to familiarize them with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility. Yes ☒ No ☐ N/A ☐
8. State or local authorities have entered into the necessary arrangements. Yes ☒ No ☐ N/A ☐

Section G - Contingency Plan and Emergency Procedures 335.151-.157

1. A contingency plan is maintained at the facility. Yes ☒ No ☐
2. Contingency plan is:
  - a. a revised SPCC Plan ☒
  - b. a separate document ☐
  - c. adequate to meet emergency procedures requirements Yes ☒ No ☐
3. Emergency coordinator is on-site or on call at all times. Yes ☒ No ☐

Section H - Manifest System, Recordkeeping and Reporting 335.171-.177

1. Owner/operator complies with manifest requirements. Yes ☒ No ☐ N/A ☐

NOTE: If 1 is N/A, go to question 6 below.

*no green copies maintained*

2. Waste received from a rail or water (bulk shipment) transporter are accompanied by a properly executed shipping paper. Yes ☐ No ☐ N/A ☒
3. All shipments of waste received have been consistent with the manifest. Yes ☐ No ☐ N/A ☐
4. Unmanifested waste was reported to the Executive Director [335.15(b)]. Yes ☐ No ☐ N/A ☒
5. Discrepancies have been reconciled with the generator and transporter. Yes ☐ No ☐ N/A ☒
6. Owner/operator keeps a written operating record at the facility. Yes ☐ No ☒
7. Operating record reflects the following:
  - a. Description, quantity of each hazardous waste received and method(s) and date of T.S.D. at the facility. Yes ☐ No ☒
  - b. Location and quantity of each hazardous waste within the facility (for disposal facilities, quantity on a map or diagram of each cell or disposal area, for all facilities cross-reference to shipping ticket Nos.). Yes ☐ No ☒
  - c. Records and results of waste analyses and trial tests. Yes ☒ No ☐
  - d. Summary Reports of all incidents that require implementing the contingency plan. Yes ☒ No ☐
  - e. Closure cost estimates for all facilities (335.232). Yes ☒ No ☐
  - f. Post closure cost estimates for disposal facilities (335.233). Yes ☒ No ☐ N/A ☐

8. Owner/operator maintains an adequate closure plan for all facilities.

Yes \_\_\_ No ☒ N/A \_\_\_

9. Owner/operator maintains an adequate post closure plan for disposal facilities.

Yes \_\_\_ No \_\_\_ N/A ☒

10. If the owner/operator is required to furnish financial assurance (owner/operator of a hazardous waste treatment, storage or disposal facility),

What is the estimated closure cost?

\$ 420,000

What is the estimated post closure cost?

none

11. Closure (and post closure) costs are adjusted for inflation on an annual basis.

Yes ☒ No \_\_\_

12. Owner/operator established financial assurance for "current" closure (and post closure) cost(s) with TDWR by July 6, 1982.

Yes ☒ No \_\_\_

a. If no, but financial assurance was established at a later date, specify when:

b. Specify the method(s) of assurance of financial responsibility for these costs:

financial test

13. The closure and post closure costs appear to adequately meet the estimates for the most expensive point in a facilities operating life (see also page 27 of the Group II checklist.).

Yes ☒ No \_\_\_

#### Liability Coverage Requirements

40 CFR 265.147

1. Facility owner/operator had sudden accidental coverage (1 million per occurrence with annual aggregate of 2 million) demonstrated by July 15, 1982.

Yes ☒ No \_\_\_ N/A \_\_\_

a. If no, but sudden coverage was established at a later date, specify when:

b. Specify the method(s) of liability coverage

\_\_\_ Liability insurance \_\_\_\_\_  
(amount)

✓ Financial test 1M / 2M  
(amount)

\_\_\_ Combination \_\_\_\_\_  
(amount)

Coverage for Non-Sudden Accidental Occurrence

*BAB*

1. Date by which coverage must be demonstrated (check one).

a. \_\_\_ Jan. 16, 1983 (sales or revenues totaling \$10 million or more)

\*b. \_\_\_ Jan. 16, 1984 (sales or revenues greater than \$5 million but less than \$10 million)

\*c. \_\_\_ Jan. 16, 1985 (all other owners or operators)

\*NOTE: If coverage for non-sudden accidental occurrence is not in place, a letter of intent must be sent to the Executive Director by January 16, 1983 stating the date the owner or operator plans to have the necessary coverage.

2. A letter of intent to the Executive Director has been sent stating the date the owner or operator plans to have coverage.

Yes\_\_\_ No\_\_\_ N/A\_\_\_

3. Facility owner has demonstrated financial responsibility for bodily and property damage to third parties caused by non-sudden accidental occurrences by the required date (3 million per occurrence; 6 million annual aggregate).

Yes\_\_\_ No\_\_\_ N/A\_\_\_

4. Specify method of liability coverage:

\_\_\_ Liability insurance \_\_\_\_\_  
(Amount)

\_\_\_ Financial test \_\_\_\_\_  
(Amount)

\_\_\_ Combination \_\_\_\_\_  
(Amount)

# INDUSTRIAL 'SOLID' WASTE

## Compliance Monitoring Inspection Report Surface Impoundments Checklist (TAC 335.281-.288)

Class of Waste ( H )

\*\*\*

1. Are surface impoundments presently used to treat or store waste? Yes ☒ No ☐
- a. If yes, inspect the impoundments.
- \*\*2. Does the impoundment appear to maintain at least 2 feet (60 cm) of freeboard? Yes ☒ No ☐
- \*\*3. Check for evidence of overtopping of the dike. Is the facility compliant? Yes ☒ No ☐
- \*\*4. Check for evidence of seepage. Is the facility compliant? Yes ☒ No ☐
5. Containment system for dyked or dammed impoundments (335.283)
  - \*\*a. Does the earthen dike have a protective cover (e.g. grass, shale, rock) to minimize wind and water erosion? no earthen dike, concrete dike  
Yes ☐ No ☒
6. What wastes are treated or stored in the impoundment? paint sludge
7. Are waste analyses and trial tests conducted on these wastes (chemical processing of a different hazardous waste or method only)? N/A ☒ Yes ☐ No ☐
  - a. If not, does the owner/operator have written documented information on similar treatment of similar wastes? Yes ☐ No ☐
8. Is this information retained in the operating record? N/A ☒ Yes ☐ No ☐
9. Is the impoundment inspected daily to check freeboard level? Yes ☐ No ☒
10. Is the impoundment, dikes and vegetation surrounding the dike inspected weekly to detect leaks, deterioration or failures? Yes ☐ No ☒

TDWR-

Page 3 of 30 of Group II

\*(Changed 9/10/82, response format realigned, other minor changes)

\*\*See Note on Page 1

\*\*\*This response column indicates noncompliance.



\*\*\*

11. Does the impoundment have a liner? Yes ☒ No ☐
- a. If Yes, what type? gunite reinforced w/ #4 rebar at 18" spacings
- b. If Yes, does it have a leachate collection and removal system? Yes ☐ No ☒
- \*\*12. Is there evidence of ignitable or reactive wastes placed in the impoundment? Yes ☐ No ☒
- a. If Yes, explain in comments sheet [review 335.118(a)];  
or
- b. If Yes, is the impoundment used solely for emergencies? Yes ☐ No ☐
- \*\*13. Is there evidence of incompatible wastes placed in the impoundment [if yes, review 335.118(b)]? Yes ☐ No ☒
14. Are monitor wells required for this site? (Refer to Rule 335.191-.195 - Ground Water Monitoring) Yes ☒ No ☐
- a. Has owner/operator installed, operated and maintained a ground water monitoring system (unless waived) prior to 11/19/81? Yes ☐ No ☒

NOTE 1: Attach Ground Water Monitoring Report if answer to question 14 is yes.

15. Describe impoundment(s) site and indicate plat map, location(s) and designation(s). Also describe each impoundment's dimensions and capacity (acre-feet):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE 2: If the answer is No for Nos. 5a, 7a, 8, 9, 10 and No. 14 after 11/19/81, explain in comments sheet.

TDWR-

Page 4 of 30 of Group II

\*(Changed 9/10/82, response format realigned)

\*\*See Note on Page 1

\*\*\*See Note Page 3

INDUSTRIAL SOLID WASTE

\*Closure and Post-Closure Compliance Review Checklist  
(TAC Section 335.211-.220)

\*\*

Note: List each type of hazardous waste T, S, D facility, number and volume in the comments sheet.

I. CLOSURE PLAN; Is there a written plan?

Yes ☒ No ☐

1. Does the plan identify the \*MAXIMUM EXTENT OF OPERATION which will be unclosed during the life of the facility?

Yes ☒ No ☐

\*Note: The rules [335.213(a)(1)] require that the closure plans identify the maximum extent of the operation which will be unclosed during the life of the facility. If the plan is based on the expected extent of operations to be closed just prior to closure, it is important to consider whether that represents the "maximum" in this question.

2. Does the plan identify the steps for PARTIAL and/or COMPLETE CLOSURE [335.213(a)], at any time during the intended operating life, of

a. surface impoundments?

N/A ☐ Yes ☒ No ☐

b. landfills?

N/A ☒ Yes ☐ No ☐

c. tanks?

N/A ☒ Yes ☐ No ☐

d. other (specify: dum storage)

Yes ☒ No ☐

3. Is there an estimate of the MAXIMUM INVENTORY of wastes in storage or treatment at any time during the life of the facility?

N/A ☐ Yes ☒ No ☐

4. Does the plan clearly identify the STEPS TO CLOSE [335.213(a)]?

a. at any point during the intended operating life?

Yes ☒ No ☐

b. at the end of the intended operating life?

Yes ☒ No ☐

TDWR-

Page 24 of 30 of Group II

\*(Changed 10/13/83, added question to I above; this checklist is for use with "Part A" permit applicants that have not submitted "Part B" application)

\*\*This response column indicates noncompliance.

5. Are the following STEPS TO CLOSE included in the plan:

- |   |   |   |  |
|---|---|---|--|
| a. removal of wastes [335.214(a)]?                              | N/A <input type="checkbox"/>            | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| b. treatment of wastes [335.214(a)]?                            | N/A <input checked="" type="checkbox"/> | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| c. waste disposal [335.214(a)]?                                 | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| d. cover [335.344(a)]?  | N/A <input checked="" type="checkbox"/> | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            |
| e. decontamination of equipment and structures [335.213(a)(3)]? | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| f. closure certification [335.216]?                             | N/A <input type="checkbox"/>            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

6. Does the plan describe the DECONTAMINATION [335.213(a)(3)] of facility equipment and structures?

N/A ☐ Yes ☒ No ☐

7. With respect to CERTIFICATION of closure (335.216), does the closure plan describe scheduled or estimated number of inspections?

Yes ☒ No ☐

8. Does the plan identify the YEAR when closure is expected to occur [335.213(a)(4)]?

Year

Yes ☐

No ☒

*no expected closure*

9. Is there a SCHEDULE for final closure activities [335.213(a)(4)]?

Yes ☐ No ☐

10. Closure plan evaluated 6/4/84 : Adequate  
(date)

Yes ☐ No ☒

COMMENTS

*The closure plan does not include any steps to insure that the soil beneath the surface impoundment has been decontaminated.*

II. POST-CLOSURE PLAN CHECKLIST; Is there a written plan?

\*N/A ☒ Yes ☐ No ☐

\*Note: If no post-closure required, proceed to Cost Estimate Checklist.

1. Does the post-closure plan provide for 30 years of post-closure care? N/A ☐ Yes ☐ No ☐
  - How many years of post-closure care? \_\_\_\_\_
2. Does the plan clearly identify the ACTIVITIES required in the post-closure care? Yes ☐ No ☐
3. Do the MAINTENANCE PLANS for waste containment structures [335.218(a)(2)] include:
  - a. maintaining final cover (erosion damage repair) frequencies [335.344(d)(1)]? Yes ☐ No ☐
  - b. vegetation and fertilizing frequencies [335.218(a)(2)(A)]? Yes ☐ No ☐
  - c. collecting, removing, and treating leachate activities [335.344(d)(2)]? N/A ☐ Yes ☐ No ☐
  - d. collecting, removing, and treating leachate frequencies [335.344(d)(2)]? N/A ☐ Yes ☐ No ☐
  - e. gas collection activities [335.344(d)(3)]? N/A ☐ Yes ☐ No ☐
  - f. gas collection frequencies [335.344(d)(3)]? N/A ☐ Yes ☐ No ☐
4. Do MONITORING EQUIPMENT MAINTENANCE plans [335.218(a)(2)(B)] include:
  - a. activities? Yes ☐ No ☐
  - b. frequencies? Yes ☐ No ☐
5. Does the plan identify the name, address and phone number of the POST-CLOSURE PERIOD CONTACT [335.218(a)(3)]? Yes ☐ No ☐

TDWR-

Page 27 of 30 of Group II

\*(Changed 10/13/82; added checklist for use with "Part A" permit applicants that have not submitted "Part B" application)

\*\*This response column indicates noncompliance.

6. For landfills, does the post-closure plan address the following objectives and indicate how they will be achieved [335.344(b)]?
  - a. Control of pollution migration via ground water, surface water, and air. N/A ☐ Yes ☐ No ☐
  - b. Control of surface water infiltration, including prevention of pooling. N/A ☐ Yes ☐ No ☐
  - c. Prevention of erosion. N/A ☐ Yes ☐ No ☐
7. For land treatment operations, does the post-closure plan address the following objectives and indicate how they will be achieved [335.327(a)]?
  - a. Control of migration of hazardous wastes and constituents into the ground water. N/A ☐ Yes ☐ No ☐
  - b. Control of the release of contaminated runoff into surface water. N/A ☐ Yes ☐ No ☐
  - c. Control of the release of airborne particulate contaminants caused by wind erosion. N/A ☐ Yes ☐ No ☐
  - d. Protection of food chain crops. N/A ☐ Yes ☐ No ☐
8. For landfills and land treatment operations, does the post-closure plan include at least a narrative statement indicating that the following factors were considered in addressing the closure objectives [335.327(b), 335.344(b)]?
  - a. Type and amount of waste. N/A ☐ Yes ☐ No ☐
  - b. Mobility and rate of migration. N/A ☐ Yes ☐ No ☐
  - c. Site location, topography, and surrounding land use. N/A ☐ Yes ☐ No ☐
  - d. Climate, including precipitation. N/A ☐ Yes ☐ No ☐
  - e. Characteristics of the cover, including material, final surface contour, thickness, porosity, permeability, slope, vegetation. N/A ☐ Yes ☐ No ☐

TDWR-

Page 28 of 30 of Group II

\*(Changed 9/30/82, added checklist for use with "Part A" permit applicants that have not submitted "Part B" application)

★★This response column indicates noncompliance.

- COMMENTS

[illegible]

III. COST ESTIMATE; Evaluated: 6/4/84  
date

N/A      Yes ✓ No     

1. Is there a written closure cost estimate [335.232(a)]  
(Supp. 14 of Group I for estimated cost? Yes ✓ No     

2. Is the closure cost estimate adequate to cover all  
required closure activities [335.232(a)]? Yes      No ✓

If "No", specify in comments.

3. Is there a written post-closure cost  
estimate [335.233(a)]? N/A ✓ Yes      No     

4. Is the annual estimate multiplied by 30 to  
cover the entire post-closure care period  
[335.233(b)]? Yes      No     

or number of years     

5. Is the cost estimate adequate to cover all the activities  
in the post-closure plan [335.218(a)]? Yes      No     

Including labor costs? Yes      No     

As well as the requirements of notice  
to local land authorities and in deeds  
(335.219 and .220)? Yes      No     

COMMENTS

Closure cost estimate does not include The cost  
of engineer certification.

TDWR-

Page 30 of 30 of Group II

\*(Changed 10/13/83, added checklist for use with "Part A" permit applicants that  
have not submitted "Part B" application)

\*\*This response column indicates noncompliance.

# INDUSTRIAL SOLID WASTE

## Compliance Monitoring Inspection Report Ground Water Monitoring Program (335.191-.195)

### 1. Ground Water Monitoring Status:

Detection \_\_\_\_\_ : quarterly sampling \_\_\_\_\_ ; semi annual sampling \_\_\_\_\_  
 Alternate \_\_\_\_\_ (date approved) Waiver \_\_\_\_\_ (date approved)  
 Assessment \_\_\_\_\_ (date approved) Required but not monitoring ☒

Yes No Not Applicable

### 2. Has the following been installed in the uppermost aquifer around the waste management area(s):

At least one hydraulically upgradient well? \_\_\_\_\_ ☒

At least three hydraulically downgradient wells? \_\_\_\_\_ ☒

### 3. If the waste management area includes multiple waste management facilities, is each facility adequately monitored?

\_\_\_\_\_ ☒

### 4. Provide a diagram locating each monitoring well and waste site(s). List depths, diameter and completion data on each well not included on the previous inspection.

no wells, no plan for monitoring

### 5. Has an adequate ground water sampling and analysis plan been developed?

Date of evaluation: \_\_\_\_\_

If not, list deficiencies: \_\_\_\_\_

company plans to completely close the impoundment

Is the plan followed? \_\_\_\_\_

### 6. If monitoring for the first year, are the samples analyzed for:

EPA drinking water standards? \_\_\_\_\_

Ground water quality parameters? \_\_\_\_\_

Ground water contamination parameters? \_\_\_\_\_

Are 4 replicate measurements made for each upgradient well sample? \_\_\_\_\_

Are ground water surface elevations determined at each well each sampling event? \_\_\_\_\_

### 7. Does the facility have an adequate Ground Water Quality Assessment Plan outline?

Date of evaluation: \_\_\_\_\_



8. For facilities in their second or later year of ground water sampling and analysis:

	Yes	No	Not Applicable
Are wells sampled and analyzed annually for ground water quality parameters?	___	___	___
Are wells sampled and analyzed semi-annually for ground water contamination parameters?	___	___	___
Are ground water surface elevations determined at each well for each sampling event?	___	___	___
Were ground water surface elevations evaluated annually to determine whether monitoring wells are properly placed?	___	___	___
Were changes to the monitoring system necessary, to maintain compliance with 335.192(a)?	___	___	___

If so, describe:

Are 4 replicate measurements made for each upgradient and downgradient well sample?

If not, explain:

9. Are statistical comparisons, using the Student's t-test at the 0.01 level of significance, performed:

Between the initial background mean and current upgradient well analyses for contaminated parameters? \_\_\_

Between the initial background mean and current downgradient well analyses for contamination parameters? \_\_\_

If there is more than one upgradient well, are all the background data combined resulting in one background mean with variance for each contamination parameter or is each upgradient well mean and variance compared separately with downgradient well analyses? Circle appropriate phrase.

10. No significant increases (or pH decreases) in contamination parameters been found in the:

Upgradient wells? \_\_\_

If no, did the company report the upgradient well change on the annual report form? \_\_\_

Downgradient wells? \_\_\_

	Yes	No	Not Applicable
11. If significant increases (or pH decreases) in downgradient wells were detected, did the company:			
Resample the "affected" well(s), split the sample in two and analyze for the respective changing contamination indicator(s)?	_____	_____	_____
Confirm the significant difference?	_____	_____	_____
Notify the Executive Director within 7 days of confirmation?	_____	_____	_____
Submit a certified ground water quality assessment plan within 15 days of notifying Executive Director?	_____	_____	_____
12. If an assessment program is on-going, describe what has been completed so far.			
What is the expected completion date?			
13. Ground water analyses indicate no hazardous waste or hazardous waste constituents detected?	_____	_____	
If yes, was the original detection monitoring program reinstated?	_____	_____	
If no, has an approved quarterly ground water monitoring program been implemented?	_____	_____	
14. If the company is performing an alternate ground water monitoring program, is an adequate sampling and analysis plan followed?	_____	_____	
15. Are all wells sampled with the same equipment and procedures?	_____	_____	
Is sampling equipment cleaned between wells to prevent cross-contamination?	_____	_____	
16. Have records been kept of:			
Analyses for ground water parameters?	_____	_____	
Calculations of means and variances?	_____	_____	
Water surface elevations taken at each well each sampling event?	_____	_____	
Calculations of significant differences?	_____	_____	_____

16. continued

Yes No Not Applicable

Analyses of duplicate samples for  
contamination confirmation?

\_\_\_\_

Analyses of samples taken as a result of  
implementing the Ground Water Quality Assessment  
Plan?

\_\_\_\_

Results of Ground Water Quality Assessment Plan:

Rates of migration?

\_\_\_\_

Concentration of hazardous waste and/or  
constituents thereof?

\_\_\_\_

Analyses of quarterly ground water samples?

\_\_\_\_



General Motors, Inc.  
Arlington, Texas  
Registration # 30347  
6/4/84

above ground  
sludge  
separator

surface  
impoundment

grit  
separator

drum  
storage  
area

PAINT  
MIX

POWER  
HOUSE

FOAM  
BLDG.

30  
28  
26  
24  
22  
20  
18  
16  
14  
12  
10  
8  
6  
4  
2  
W T R P M K H F D  
G M  
MAIN  
ASSEMBLY  
BUILDING  
X Y S Q N L J G E C A

DWD550

TEXAS DEPARTMENT OF WATER RESOURCES  
NOTICE OF REGISTRATION  
INDUSTRIAL SOLID WASTE GENERATION/DISPOSAL

12-21-83

THIS IS NOT A PERMIT AND DOES NOT CONSTITUTE AUTHORIZATION OF ANY WASTE MANAGEMENT ACTIVITIES OR FACILITIES LISTED BELOW. REQUIREMENTS FOR SOLID WASTE MANAGEMENT ARE PROVIDED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TEXAS DEPARTMENT OF WATER RESOURCES (TDWR). CHANGES OR ADDITIONS TO WASTE MANAGEMENT METHODS REFERRED TO IN THIS NOTICE REQUIRE WRITTEN NOTIFICATION TO THE TDWR.

DATE OF NOTICE: 12-20-83

REGISTRATION DATE: 04-12-76

REGISTRATION NUMBER: 30347

EPA I.D. NUMBER: TXD009018004

THE REGISTRATION NUMBER PROVIDES ACCESS TO STORED INFORMATION PERTAINING TO YOUR OPERATION. PLEASE REFER TO THAT NUMBER IN ANY CORRESPONDENCE.

COMPANY NAME: GENERAL MOTORS CORPORATION  
MAILING ADDRESS: 2525 EAST ABRAM STREET  
2525 EAST ABRAM  
ARLINGTON, TEXAS 76010

GENERATING SITE LOCATION:  
2525 EAST ABRAM, ARLINGTON, TEXAS

CONTACT PERSON: D. W. TUNSTALL  
PHONE: (817) 649-6350  
NUMBER OF EMPLOYEES: 1,000 - 4,999  
TDWR DISTRICT: 04

REGISTRATION STATUS: ACTIVE  
HAZARDOUS WASTE STATUS: SMALL QUANTITY GENERATOR

## I. WASTE GENERATED:

WASTE NUMBER	DESCRIPTION	CLASS	CODE	DISPOSITION
001	GARBAGE	II	280160	OFF-SITE
002	PAPER TRASH	II	280240	OFF-SITE
003	WOOD/LUMBER SCRAP	III	380200	OFF-SITE
004	PLASTICS	III	380270	OFF-SITE
005	FLOOR SWEEPINGS	III	370760	OFF-SITE
006	MISCELLANEOUS PLANT WASTES	III	370770	OFF-SITE
007	CONSTRUCTION DEBRIS AND	III	370510	OFF-SITE

NON-COMBUSTIBLE WASTE

008	OILS, WASTE	II	210450	OFF-SITE
009	MISCELLANEOUS PLANT RESIDUES	INH	149860	NO LONGER GENERATED
010	BIOLOGICAL SLUDGE, INDUSTRIAL WASTEWATER TREATMENT	INH	149890	NO LONGER GENERATED
011	PAINT SLUDGE, OIL AND/OR SOLVENT BASE	IH	950110	OFF-SITE

EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): F008, F006, F017, F018

012	SODIUM OXIDE (NA2O2) SLAG/SLUDGE	IH	970320	OFF-SITE
-----	-------------------------------------	----	--------	----------

EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): D006, D007

013	RUBBER	III	380400	OFF-SITE
014	PLASTICS	IH	980270	OFF-SITE

EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): D001

015	PAINT THINNER	IH	910110	OFF-SITE
-----	---------------	----	--------	----------

EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): D001

*Ramsey Chem. Co.  
Valdosta, Ga  
for recycle*

016	PAINT SLUDGE FROM PAINT STRIPP ING	IH	952000	OFF-SITE
-----	---------------------------------------	----	--------	----------

EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): D001

II. SHIPPING/REPORTING: PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TOWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, ISSUANCE OF SHIPPING-CONTROL TICKETS AND MONTHLY REPORTING ARE REQUIRED FOR OFF-SITE STORAGE/PROCESSING/DISPOSAL OF THE FOLLOWING CLASS I WASTES LISTED IN PART I. A SHIPMENT SUMMARY REPORT SHOULD BE SUBMITTED FOR EACH MONTH NOT LATER THAN THE 25TH OF THE FOLLOWING MONTH.

011	950110	PAINT SLUDGE, OIL AND/OR SOLVENT BASE
012	970320	SODIUM OXIDE (NA2O2) SLAG/SLUDGE
014	980270	PLASTICS

015 910110 PAINT THINNER

016 952000 PAINT SLUDGE FROM PAINT STRIPPING

III. ON-SITE WASTE MANAGEMENT FACILITIES:

NONE IDENTIFIED

IV. RECORDS.

- A. FOR PURPOSES OF FILING ANNUAL REPORTS PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, RECORDS SHOULD BE MAINTAINED FOR STORAGE, PROCESSING AND/OR DISPOSAL OF THE FOLLOWING WASTE(S) LISTED IN PART I:

001 280160 GARBAGE

002 280240 PAPER TRASH

008 210450 OILS, WASTE

TEXAS DEPARTMENT OF WATER RESOURCES  
1700 N. Congress Avenue  
Austin, Texas



Charles E. Nemir  
Executive Director

July 9, 1984

TEXAS WATER DEVELOPMENT BOARD

Louis A. Beecherl, Jr., Chairman  
George W. McCleskey, Vice Chairman  
Glen E. Roney  
W. O. Bankston  
Lonnie A. "Bo" Pilgrim  
Louie Welch

TEXAS WATER COMMISSION

Paul Hopkins, Chairman  
Lee B. M. Biggart  
Ralph Roming

Mr. Don Tunstall  
General Motors Corporation  
2525 East Abram Street  
Arlington, Texas 76010

Dear Mr. Tunstall:

Re: Registration No. 30347

On June 4, 1984, Jenny Menard of this office contacted you and conducted an industrial solid waste management inspection at your facility.

Some deficiencies noted in program requirements pursuant to the facility's status as a hazardous waste treatment facility include (applicable rule referenced):

1. No waste analysis plan - Rule 335.114(b),
2. No operating record maintained - Rule 335.173,
3. No groundwater monitoring for the surface impoundment - Rules 335.191-.195,
4. Inadequate closure plan - Rules 335.213 and 335.286,
5. Inadequate frequency of inspections - Rule 335.116(b)(4), and
6. Uncovered waste containers for paint sludge - Rule 335.244(a).

It should be noted that if closure of the surface impoundment includes removal of all wastes, the impoundment liner, and any underlying or surrounding contaminated soil, post-closure is not necessary. However, if closure is not complete, a post-closure plan, cost estimate, and appropriate financial assurance are required.





Mr. Don Tunstall  
General Motors Corporation  
Registration No. 30347  
Page 2  
July 9, 1984

Concerning the above deficiencies, it is requested that you submit written response to this office by July 31, 1984 detailing your proposed actions and providing this office with a schedule for attaining compliance with the above-listed rules.

For any assistance in these matters, please contact Jenny Menard at 203 James Collins Boulevard, Duncanville, Texas 75116; phone (214)298-6171.

Sincerely,



Charles D. Gill, P. E.  
District Supervisor

JM:jc

Compliance Monitoring Inspection Report  
Financial Assurance, Closure and Post Closure Worksheet

To be completed if the facility treats, stores or disposes of hazardous waste such that a permit is required or if the facility has submitted a Part A Application.

Facility: General Motors Corporation EPA No. TXD 008018004  
Address: 2525 East Abram St., Arlington, Tx Permit/Reg. No. 30347  
Facility Owner/Operator Fiscal Year End: Month December Inspection Date 6/4/84 Day 31

1. Preinspection call to <sup>Russ Rimple</sup> ~~Bob Brydson~~ (2041) confirms the facility has submitted current financial assurance documents. Yes ☒ No ☐ N/A ☐  
If yes, check the documents submitted:

- ☒ Sudden liability amount \$ 1M per occurrence, 2M annual  
☐ Non-Sudden liability amount \$ \_\_\_\_\_ per occurrence, \$ \_\_\_\_\_ annual  
☒ Closure assurance amount \$ 485,300  
☐ Post Closure assurance amount \$ \_\_\_\_\_

2. Brydson reports documents adequate Yes ☒ No ☐ N/A ☐  
If no, list problems \_\_\_\_\_

For the following questions, review appropriate inspection checklist answers (Group I-Major pages 8-10, Non-major-page 3, and Group II-pages 21-27)

3. Closure Plan is adequate Yes ☐ No ☒ N/A ☐

4. Closure Cost Estimate, amount \$ 485,300 is adequate Yes ☒ No ☐ N/A ☐  
If no, list proper amount \$ \_\_\_\_\_

5. Post Closure Plan is adequate Yes ☐ No ☐ N/A ☒

6. Post Closure Cost Estimate, amount \$ \_\_\_\_\_ is adequate Yes ☐ No ☐ N/A ☒  
If no, list proper amount \$ \_\_\_\_\_

7. Facility has provided financial assurances for closure Yes ☒ No ☐ N/A ☐  
If yes, date effective 12/31/83 Date expires \_\_\_\_\_  
Instrument financial test

8. Facility has provided financial assurances for post closure Yes ☐ No ☒ N/A ☐  
If yes, date effective \_\_\_\_\_ Date expires \_\_\_\_\_  
Instrument \_\_\_\_\_

9. Facility has provided appropriate sudden liability coverage Yes ☒ No ☐ N/A ☐  
If yes, date effective 12/31/83 Date expires \_\_\_\_\_  
Instrument financial test

10. Facility has provided appropriate non-sudden liability coverage <sup>It is unclear whether</sup> Yes ☐ No ☐ N/A ☐ <sup>nonsudden is needed or not.</sup>  
If yes, date effective \_\_\_\_\_ Date expires \_\_\_\_\_  
Instrument \_\_\_\_\_

Districts  
1-3 8-8-16

8-84  
212

FORM SUBMITTED

By: J. Menard

Date: 8/9/84

MAJOR FACILITIES STATUS SHEET

Initial ✓ Update       

08-84

ID No.: TXD008018004 Registration/Permit No.: 30347

Facility Name: General Motors Corp. District No.: 4

1. Ground Water Monitoring Status - no groundwater monitoring in place  
Detection Assessment        Waiver        company plans to completely close surface impoundment.  
Assessment        NA
2. Ground Water Monitoring Well System  
a. Evaluated? NA        NE        DATE EVAL'D         
b. Adequate? YES        NO
3. Ground Water Sampling, Analysis and Evaluation Program  
a. Evaluated? NA        NE        DATE EVAL'D         
b. Adequate? YES        NO
4. Notice of Significant Increase in Parameter Concentrations  
Submitted? NA        NO        DATE SUB'D
5. Ground Water Quality Assessment Report  
a. Submitted? NA        NO        DATE SUB'D         
b. Evaluated? NE        DATE EVAL'D         
c. Adequate? YES        NO         
d. Showed hazardous waste constituents in ground water?  
YES        NO
6. Waiver Demonstration  
a. Evaluated? NA        NE        DATE EVAL'D         
b. Adequate? YES        NO
7. Ground Water Monitoring Records  
a. Evaluated? NA        NE        DATE EVAL'D         
b. Adequate? YES        NP

ID # TXD 0080180048. Activities Subject to Closure/Post-Closure

Landfill \_\_\_\_\_

Surface Impoundment ☒

Land Treatment/Application \_\_\_\_\_

Incinerator \_\_\_\_\_

Waste Pile \_\_\_\_\_

Other (Specify) ☒dum storage9. Closure Plan

a. Evaluated? \_\_\_\_\_

NE \_\_\_\_\_

DATE EVAL'D 6/4/84

b. Adequate? \_\_\_\_\_

YES \_\_\_\_\_

NO ☒10. Closure Cost Estimate

a. Evaluated? \_\_\_\_\_

NA \_\_\_\_\_

NE \_\_\_\_\_

DATE EVAL'D 6/4/84

b. Adequate? \_\_\_\_\_

YES \_\_\_\_\_

NO ☒

c. Amount: \_\_\_\_\_

\$ 485,300

UNKNOWN \_\_\_\_\_

11. Closure Assurance Instrument(s)

a. Evaluated? \_\_\_\_\_

NA \_\_\_\_\_

NE \_\_\_\_\_

DATE EVAL'D 6/4/84

b. Adequate? \_\_\_\_\_

YES ☒

NO \_\_\_\_\_

NO INSTRUMENT \_\_\_\_\_

c. Type(s): \_\_\_\_\_

TRUST FUND \_\_\_\_\_

FINANCIAL BOND \_\_\_\_\_

PERFORMANCE BOND \_\_\_\_\_

LETTER OF CREDIT \_\_\_\_\_

INSURANCE \_\_\_\_\_

FINANCIAL TEST ☒

CORPORATE GUARANTEE \_\_\_\_\_

STATE GUARANTEE \_\_\_\_\_

OTHER STATE MECHANISM \_\_\_\_\_

12. Post-Closure Plan no post-closure plan, unable to determine at this time if it is needed

a. Evaluated? \_\_\_\_\_

NA \_\_\_\_\_

NE ☒

DATE EVAL'D \_\_\_\_\_

b. Adequate? \_\_\_\_\_

YES \_\_\_\_\_

NO ☒13. Post-Closure Cost Estimate

a. Evaluated? \_\_\_\_\_

NA \_\_\_\_\_

NE ☒

DATE EVAL'D \_\_\_\_\_

b. Adequate? \_\_\_\_\_

YES \_\_\_\_\_

NO \_\_\_\_\_

c. Amount: \_\_\_\_\_

\$ \_\_\_\_\_

UNKNOWN \_\_\_\_\_

14. Post-Closure Assurance Instrument(s)

a. Evaluated? \_\_\_\_\_

NA \_\_\_\_\_

NE ☒

DATE EVAL'D \_\_\_\_\_

b. Adequate? \_\_\_\_\_

YES \_\_\_\_\_

NO \_\_\_\_\_

NO INSTRUMENT \_\_\_\_\_

c. Type(s): \_\_\_\_\_

TRUST FUND \_\_\_\_\_

FINANCIAL BOND \_\_\_\_\_

PERFORMANCE BOND \_\_\_\_\_

LETTER OF CREDIT \_\_\_\_\_

INSURANCE \_\_\_\_\_

FINANCIAL TEST \_\_\_\_\_

CORPORATE GUARANTEE \_\_\_\_\_

STATE GUARANTEE \_\_\_\_\_

OTHER STATE MECHANISM \_\_\_\_\_

ID # TXD00801800415. Sudden Liability Instrument(s)

- a. Evaluated? NA      NE      DATE EVAL'D 6/4/84  
 b. Adequate? YES ✓ NO      NO INSTRUMENT       
 c. Amount: \$ 1M per occurrence, \$ 2M annual aggregate  
 d. Type(s):  
     INSURANCE POLICY      STATE GUARANTEE       
     FINANCIAL TEST ✓ OTHER STATE MECHANISM

16. Nonsudden Liability Instrument(s) only g.m. facilities

- a. Evaluated? NA      NE      DATE EVAL'D 6-4-84 PL  
 b. Adequate? YES      NO ✓ NO INSTRUMENT ✓  
 c. Amount: \$      per occurrence, \$      annual aggregate  
 d. Type(s):  
     INSURANCE POLICY      STATE GUARANTEE       
     FINANCIAL TEST      OTHER STATE MECHANISM

17. Closure Process

- a. Process Begun? NO ✓ DATE BEGUN       
 b. In accordance with approved plan and required procedures? YES      NO       
 c. Closure certifications received? NO      DATE REC'D       
 d. Facility released from closure assurance and liability requirements? NA      NO      DATE RELEASED

18. Post-Closure Process

- a. Process Begun? NA ✓ NO      DATE BEGUN       
 b. In accordance with approved plan and required procedures? YES      NO       
 c. Survey plat/Record of wastes received? NO      DATE REC'D       
 d. Post-closure period completed? NO      DATE COMPLETED       
 e. Facility released from post-closure assurance requirements? NA      NO      DATE RELEASED

19. Permit Application

- a. Called? NO      DATE CALLED August 1984  
 b. Reason? GROUND WATER      FINANCIAL ASSURANCE       
           CLOSURE      LIABILITY COVERAGE       
           OTHER ✓

TEXAS DEPARTMENT OF WATER RESOURCES  
Industrial Solid Waste Disposal Compliance Monitoring Inspection

Inspection Cover Sheet (see reverse side for checklist use and general instructions)

Compliant           

Texas Permit/Reg. No. 30347

Noncompliant ✓

EPA I.D. No. TX 00008018004

Site Operator Information:

Name of Company General Motors Corporation

Company's Address 2525 East Abram

Arlington, TX 76010

Phone No. 817/275-3311/381

Site Address Same as above

Phone No.           

County Tarrant

Type of Industry Manufacture cars

Indicate below Classes of Waste managed (Hazardous-H, Class I nonhazardous-NH, Class II-III)

Generator H, CII, CIII Transporter           

Small Quantity Generator           

Treatment H

Disposal           

Storage ✓

90 Day Exemption ✓

Waste water treatment unit exclusion - POTW

Site Information (I.S.D. facilities only)

1. Are facilities located outside the 100 year flood plain area?           

2. Describe land use within one mile Commercial

3. Closed or abandoned facilities none

Inspection Information:

1. Inspector's Name & Title Debra L. Jones

2. Inspection Date October 14, 1982

3. Inspection Participants Donald Junstell, Environmental Coordinator

Approved: Don Junstell

District Supervisor

Signed: Debra L. Jones

Inspector

Date: November 3, 1982

Instructions for completing the Major Compliance Monitoring Inspection Report (Solid Waste Generators and Commercial disposal site operators):

This report and any other appropriate checklists are to be completed for the inspection of major hazardous waste on-site and off-site activities. Utilize the non-major checklist for Class I nonhazardous waste on-site and off-site activities, and Class II waste on-site industrial solid waste activities. This form is not intended for the reporting of special problem type solid waste inspections involving non-registered or non-permitted activities. It supersedes all previous solid waste forms.

When completing the inspection report form and checklist, please type or print clearly.

1. Class I hazardous, major generators with facilities for on-site disposal require: this cover sheet, Generators Checklist, General Facilities Checklist and separate (possibly multiple) Checklists for all individual facilities.
2. The General Facilities Checklist and all individual facilities checklist should include adequate drawings or sketches annotated to indicate the appropriate checklist for each solid waste management activity(s) and its location (not necessary to include waste generation source in the process operations).

Compliance Monitoring Inspection Report - Checklist Index

Group I

Inspection Cover Sheet  
Generators Checklist  
Facilities Checklist  
Comments Sheet

Group II

Landfill Checklist  
Surface Impoundments Checklist

Group II - cont.

Land Treatment Checklist  
Tanks Checklist  
Chemical, Physical and Biological  
Treatment Checklist  
Waste Pile Checklist  
Incinerators Checklist  
Thermal Treatment Checklist  
Ground Water Monitoring Checklist  
\*Closure and Post Closure Checklist  
Comments Sheet

All No answers should be addressed in the comments sheet.

\*Note: Checklist for use with "Part A" permit applicant that has not submitted "Part B" application.

COMPLIANCE MONITORING INSPECTION REPORT  
Generators Checklist

Section A - Hazardous Waste Determination 335.6(e) and 335.62

1. A determination has been made that the solid waste(s) generated is either hazardous or non-hazardous. Yes ☒ No ☐
2. If the answer to #1 is yes, check the method used for determination:
- a. Listed as a hazardous waste in Title 40 CFR Part 261, Subpart D ☒ *See comments*
- b. Process or materials knowledge ☒
- c. Tested for characteristics as identified in Title 40 CFR Part 261, Subpart C ☐  
(If equivalent test method used, attach a copy)
3. The following wastes, if generated, have been tested to determine nonhazardous characteristics:
- a. Class I nonhazardous Yes ☒ No ☐ N/A ☐
- b. Class II Yes ☒ No ☐ N/A ☐
- c. PCB (storage) Yes ☐ No ☐ N/A ☒
- If no, list on the comments sheet those wastes deemed nonhazardous or processes from which non-hazardous waste was produced. *See comments*
4. Notification of waste stream changes are current. *See comments* Yes ☐ No ☒ N/A ☐

Section B - Special Conditions 335.75

1. If a generator has received from or transported to a foreign source any hazardous waste, the appropriate notice has been filed with the Regional Administrator (EPA requirement only). Yes ☐ No ☐ N/A ☒
2. Waste was manifested and signed by foreign consignee. Yes ☐ No ☐ N/A ☐
3. Confirmation of waste transported out of the country has been received by the generator. Yes ☐ No ☐ N/A ☐



Section C - Record Keeping and Reports 335.9 and 335.70-2

1. Generator maintains the required records and reports for 3 years.

Yes ☒ No ☐

☒ At the facility

☐ Elsewhere (note location in comments sheet)

2. Disposal methods described in the registration agree with actual situation [335.6(b)].

Yes ☒ No ☐

3. Spills or unauthorized discharges are reported as required (335.453).

Yes ☒ No ☐ N/A ☐

DO NOT COMPLETE SECTION D IF GENERATOR DISPOSES OF HAZARDOUS AND/OR NONHAZARDOUS WASTE ON-SITE ONLY.

Section D - Pretransport and Manifest Requirements 335.65-.69

1. Identify primary off-site disposal facility(s).  
Use comments sheet or add registration waste list properly annotated.

*BFI is responsible of all disposal of  
Class I Haz. waste*

2. TDWR manifest shipping control ticket is properly completed.

Yes ☒ No ☐ N/A ☐

3. Generator receives return (white) copy of shipping control ticket.

Yes ☒ No ☐ N/A ☐

4. Generator is familiar with DOT packaging requirements identified in Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

5. Containers used to temporarily store waste before transport meet the DOT packaging requirements of Title 49 CFR Parts 173, 178 and 179.

Yes ☒ No ☐

6. Generator labels and marks each package in accordance with Title 49 CFR Part 172.

Yes ☒ No ☐

7. Each container of 110 gallons or less is marked with the required hazardous waste warning label.

Yes ☒ No ☐ N/A ☐

8. Hazardous wastes are accumulated for more than 90 days and the generator (is/will be) a permitted storage facility. *Hazardous waste is not acc. > 90 days*

Yes ☐ No ☒ N/A ☐

9. Generator inspects containers for leakage or corrosion at least weekly (335.245).

Yes ☒ No ☐

10. If leaking or bulging container is found, operator transfers waste into a usable container properly lined not to react with the waste.

Yes ☒ No ☐ N/A ☐

TDWR-

11. Generator locates containers holding ignitable or reactive waste at least 15 meters (50 feet) from the facility's property line (335.246).

Yes ☒ No ☐ N/A ☐

12. Containers holding incompatible wastes are kept apart by physical barrier or sufficient distance (335.118).

Yes ☒ No ☐ N/A ☐

NOTE: If tanks are used, complete checklist for tanks.

13. Storage area has containment protection as set forth in Title 40 CFR Part 264.175, Use and Management of Containers.

Yes ☐ No ☒

NOTE 1: This will be a future permit requirement.

14. Describe drum or container storage area. Use photos and/or comments sheet.

COMPLIANCE MONITORING INSPECTION REPORT  
Facilities Checklist  
TAC 335.111-.118

Section A - General Facility Standards

1. Proof of deed recordation of on-site disposal facilities has been provided to the agency.

Yes \_\_\_ No \_\_\_ N/A ☒

2. A sketch of facilities, general site orientation showing landfills, surface impoundments, injection wells, drainage routes, water bodies/courses and other pertinent features (separate sketch or diagram of landfill(s) etc.) should be attached to this and other facility checklist(s).

NOTE: For all nonhazardous and noncommercial facilities do not complete the remainder of this Facilities Checklist. Proceed to specific type facility checklists and complete one checklist for each disposal facility or multi-comments on a single checklist.

Section B - Waste Analysis 335.114 N/A

1. Facility has a waste analysis plan.

Yes \_\_\_ No \_\_\_

2. Waste plan is maintained at the facility.

Yes \_\_\_ No \_\_\_

3. Waste plan includes the following:

- a. Parameters for which each waste will be analyzed.

Yes \_\_\_ No \_\_\_

- b. Test methods used to test for these parameters.

Yes \_\_\_ No \_\_\_

- c. Sampling method used to obtain sample.

Yes \_\_\_ No \_\_\_

- d. Frequency with which the initial analysis will be reviewed or repeated.

Yes \_\_\_ No \_\_\_

NOTE: Frequency includes requirement to repeat whenever waste stream or process(es) is changed.

- \*e. Waste analyses that generators have agreed to supply.

Yes \_\_\_ No \_\_\_ N/A \_\_\_

- \*f. Procedures which are used to inspect and analyze each movement of hazardous waste including:

- (1) Procedures to be used to determine the identity of each movement of waste.

Yes \_\_\_ No \_\_\_ N/A \_\_\_

- (2) Sampling method to be used to obtain representative sample of the waste to be identified.

Yes \_\_\_ No \_\_\_ N/A \_\_\_

4. The facility provides adequate security (335.115). Yes ☐ No ☐

- a. ☐ 24-hour surveillance system (e.g. television monitoring or guards).

OR

- b. ☐ Artificial or natural barrier around facility (e.g. fence or fence and cliff).

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. ☐ Means to control entry through entrances (e.g. attendant, television monitors, locked entrance, controlled roadway access).

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Facility has a sign with the legend "Danger - Unauthorized Personnel Keep Out". Yes ☐ No ☐ N/A ☐

Section C - General Inspection Requirements 335.116 N/A

1. Facility has a written inspection schedule (and plan). Yes ☐ No ☐

☐ Plan is maintained at the facility  
☐ Elsewhere (note location in comments sheet)

2. Inspection schedule (plan) provides for inspecting the following:

a. Monitoring equipment. Yes ☐ No ☐

b. Safety and emergency equipment. Yes ☐ No ☐

c. Security devices. Yes ☐ No ☐

d. Operating and structural equipment. Yes ☐ No ☐

3. Schedule or plan identifies the types of problems to be looked for during inspection:

a. Malfunctions and deterioration. Yes ☐ No ☐

b. Operator error.

Yes \_\_\_ No \_\_\_

c. Discharge or threat of discharge.

Yes \_\_\_ No \_\_\_

4. The owner/operator maintains an inspection log which includes:

a. Date and time of inspection.

Yes \_\_\_ No \_\_\_

b. Name of inspector.

Yes \_\_\_ No \_\_\_

c. Notation of observations.

Yes \_\_\_ No \_\_\_

d. Date and nature of repairs or remedial action.

Yes \_\_\_ No \_\_\_

5. Malfunctions or other deficiencies noted in the inspection log have been rectified.

Yes \_\_\_ No \_\_\_ N/A \_\_\_

6. Inspection log records are maintained for 3 years.

Yes \_\_\_ No \_\_\_

#### Section D - Personnel Training 335.117

1. Owner/operator maintains Personnel Training Records at the facility.

Yes ☒ No \_\_\_

2. Personnel Training Records include:

a. Job Title and written job description of each position.

Yes \_\_\_ No ☒

b. Description of type and amount of training.

Yes \_\_\_ No ☒

c. Records of training given to facility personnel.

Yes \_\_\_ No ☒

3. Personnel Training Records are maintained for the appropriate length of time.

Yes \_\_\_ No ☒

#### Section E - Requirements for Ignitable, Reactive or Incompatible Waste 335.118

1. Owner/operator is familiar with proper separation and safeguards needed to prevent ignition or reaction of ignitable or reactive waste.

Yes ☒ No \_\_\_

a. Use comments sheet to describe separation and confinement procedures.

b. Use comments sheet to describe any potential sources of ignition or reaction. N/A

2. Smoking and open flame are confined to specifically designated locations.

Yes ☒ No \_\_\_

3. "No Smoking" signs are posted in hazardous areas.

Yes ☒ No \_\_\_

Section F - Preparedness and Prevention 335.131-.137

1. Describe any evidence of fire, explosion, or contamination of the environment in the comments sheet.
2. Facility is equipped with:
  - a. Internal communication or alarm system within easy access. Yes ☒ No ☐ N/A ☐
  - b. Telephone or two-way radio to call emergency response personnel. Yes ☒ No ☐ N/A ☐
  - c. Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment tested regularly to assure proper operation. Yes ☒ No ☐ N/A ☐
  - d. Water volume adequate for hoses, sprinklers or water spray system. *City of Arlington* Yes ☒ No ☐ N/A ☐
3. Aisle space is sufficient to allow unobstructed movement of personnel and equipment. Yes ☒ No ☐ N/A ☐
4. Owner/operator has attempted to make arrangements with the local hospitals to familiarize them with the layout of the facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, and possible evacuation routes. *Facility has our medical staff however were instructed to comply w. rule* Yes ☐ No ☒ N/A ☐
5. In the case that more than one police and fire department might respond, a primary authority has been designated. *City of Arlington* Yes ☒ No ☐ N/A ☐
6. Owner/operator has attempted to make agreements with State emergency response teams, emergency response contractors and equipment suppliers. Yes ☐ No ☒ N/A ☐
7. Owner/operator has attempted to make arrangements with local hospitals to familiarize them with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility. Yes ☐ No ☒ N/A ☐
8. State or local authorities have entered into the necessary arrangements. Yes ☐ No ☒ N/A ☐
9. State or local authorities have declined arrangements. Yes ☐ No ☒ N/A ☐

Section G - Contingency Plan and Emergency Procedures 335.151-.157

1. A contingency plan is maintained at the facility. Yes ☒ No ☐
2. Contingency plan is: a. a revised SPCC Plan ☒  
b. a separate document ☐  
c. adequate to meet emergency procedures requirements Yes ☐ No ☐
3. Emergency coordinator is on-site or on call at all times. Yes ☒ No ☐

Section H - Manifest System, Recordkeeping and Reporting 335.171-.177 N/A

1. Owner/operator complies with manifest requirements. Yes ☐ No ☐ N/A ☐
- NOTE: If 1 is N/A, go to question 6 below.
2. Waste received from a rail or water (bulk shipment) transporter are accompanied by a properly executed shipping paper. Yes ☐ No ☐ N/A ☐
3. All shipments of waste received have been consistent with the manifest. Yes ☐ No ☐
4. Unmanifested waste was reported to the Executive Director [335.15(b)]. Yes ☐ No ☐ N/A ☐
5. Discrepancies have been reconciled with the generator and transporter. Yes ☐ No ☐ N/A ☐
6. Owner/operator keeps a written operating record at the facility. Yes ☐ No ☐
7. Operating record reflects the following:
- a. Description, quantity of each hazardous waste received and method(s) and date of T.S.D. at the facility. Yes ☐ No ☐
- b. Location and quantity of each hazardous waste within the facility (for disposal facilities, quantity on a map or diagram of each cell or disposal area, for all facilities cross-reference to shipping ticket Nos.). Yes ☐ No ☐
- c. Records and results of waste analyses and trial tests. Yes ☐ No ☐
- d. Summary Reports of all incidents that require implementing the contingency plan. Yes ☐ No ☐
- e. Closure cost estimates for all facilities (335.232). Yes ☐ No ☐
- f. Post closure cost estimates for disposal facilities (335.233). Yes ☐ No ☐ N/A ☐

8. Owner/operator maintains an adequate closure plan for all facilities. *Not required since* Yes ☒ No ☐ N/A ☐
9. Owner/operator maintains an adequate post closure plan for disposal facilities. *Not need permit* Yes ☐ No ☐ N/A ☐

10. If the owner/operator is required to furnish financial assurance (owner/operator of a hazardous waste treatment, storage or disposal facility),

What is the estimated closure cost?

\_\_\_\_\_

What is the estimated post closure cost?

\_\_\_\_\_

11. Closure (and post closure) costs have been properly adjusted for inflation. Yes ☐ No ☐ *N/A*
12. Owner/operator established financial assurance for "current" closure (and post closure) cost(s) with TDWR by July 6, 1982. Yes ☐ No ☐ *N/A*
- a. If no, but financial assurance was established at a later date, specify when:
- \_\_\_\_\_

- b. Specify the method(s) of assurance of financial responsibility for these costs:
- \_\_\_\_\_

Liability Coverage Requirements *N/A*  
40 CFR 265.147

1. Facility owner/operator had sudden accidental coverage (1 million per occurrence with annual aggregate of 2 million) demonstrated by July 15, 1982. Yes ☐ No ☐ N/A ☐

- a. If no, but sudden coverage was established at a later date, specify when:
- \_\_\_\_\_

- b. Specify the method(s) of liability coverage and amount(s) demonstrated: \_\_\_\_\_

(coverage)  
for \_\_\_\_\_  
(amount)



Coverage for Non-Sudden Accidental Occurrence

1. Specify total sales or revenues for the fiscal year preceding July 15, 1982.

Owner \_\_\_\_\_

Operator \_\_\_\_\_

2. Date by which coverage must be demonstrated (check one).

1983 \_\_\_\_\_  
Jan. 16, 1984 \_\_\_\_\_  
1985 \_\_\_\_\_

3. Letter to Executive Director has been sent (unless demonstrated earlier) stating the date he plans to have coverage.

Yes \_\_\_\_\_ No \_\_\_\_\_

Date Nov. 3, 1982

Reg./Permit No. 30347

INDUSTRIAL SOLID WASTE

Compliance Monitoring Inspection Report

COMMENTS SHEET

SECTION: A Paragraph: 2a

- #9. Residues & max. sludges - no longer generated  
#10. Waste water treatment sludges - should  
be deleted from registration (since  
it is treated as paint sludge & disposed  
of as paint sludge.  
#11. paint sludge - F017, F018

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

- #12. sludge molten salt bath stripping -  
F017, D002

SECTION: 3 Paragraph: \_\_\_\_\_

Paint sludge & waste water treatment  
sludges originated in spray booth  
as overspray which is removed from  
the air stream by water scrubbers  
and flows through the trade  
waste sewer system to the grit  
separators. Prior to being directed

Date NOV. 3, 1982

Reg./Permit No. 30347

INDUSTRIAL SOLID WASTE

Compliance Monitoring Inspection Report

COMMENTS SHEET

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

to the tradewaste system, the sludge is treated with two materials. One which causes the sludge to dewater and the other adjust pH and acts as a flocculent. The grit separator removes the paint sludge by means

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

of drag conveyors and skimmers and deposits it into portable sludge gondolas which, when full, are emptied into rolloffs. When rolloffs are full it is disposed of by BFI at an Class I permitted

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Site in Lake Charles, Louisiana. The rolloffs are returned to L.M. Effluent is pumped into a concrete basin from grit separator. Basin is open top and consist of 2 compartments used to ~~retain~~ increase retention time to settle any remaining solids then effluent is discharged to

Date Nov. 3, 1982

Reg./Permit No. 30347

INDUSTRIAL SOLID WASTE

Compliance Monitoring Inspection Report

COMMENTS SHEET

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

sanitary sewer. Effluent has been analyzed and determined to be non-hazardous. In the writer's opinion this treatment process would qualify for a treatment unit exclusion and would not

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

require a permit.

SECTION: 4 Paragraph: \_\_\_\_\_

Registration should be updated to show Waste Sequence #s 9 & 10 are no longer generated. (Waste sequence # 10 is a result of their painting process & is shipped offsite as paint sludge). Also their registration needs to be updated to reflect the generation of waste paints & solvents.

Checklist General facility  
(at 1 to correct checklist)

Date Nov. 3, 1982

Reg./Permit No. 30347

INDUSTRIAL SOLID WASTE

Compliance Monitoring Inspection Report

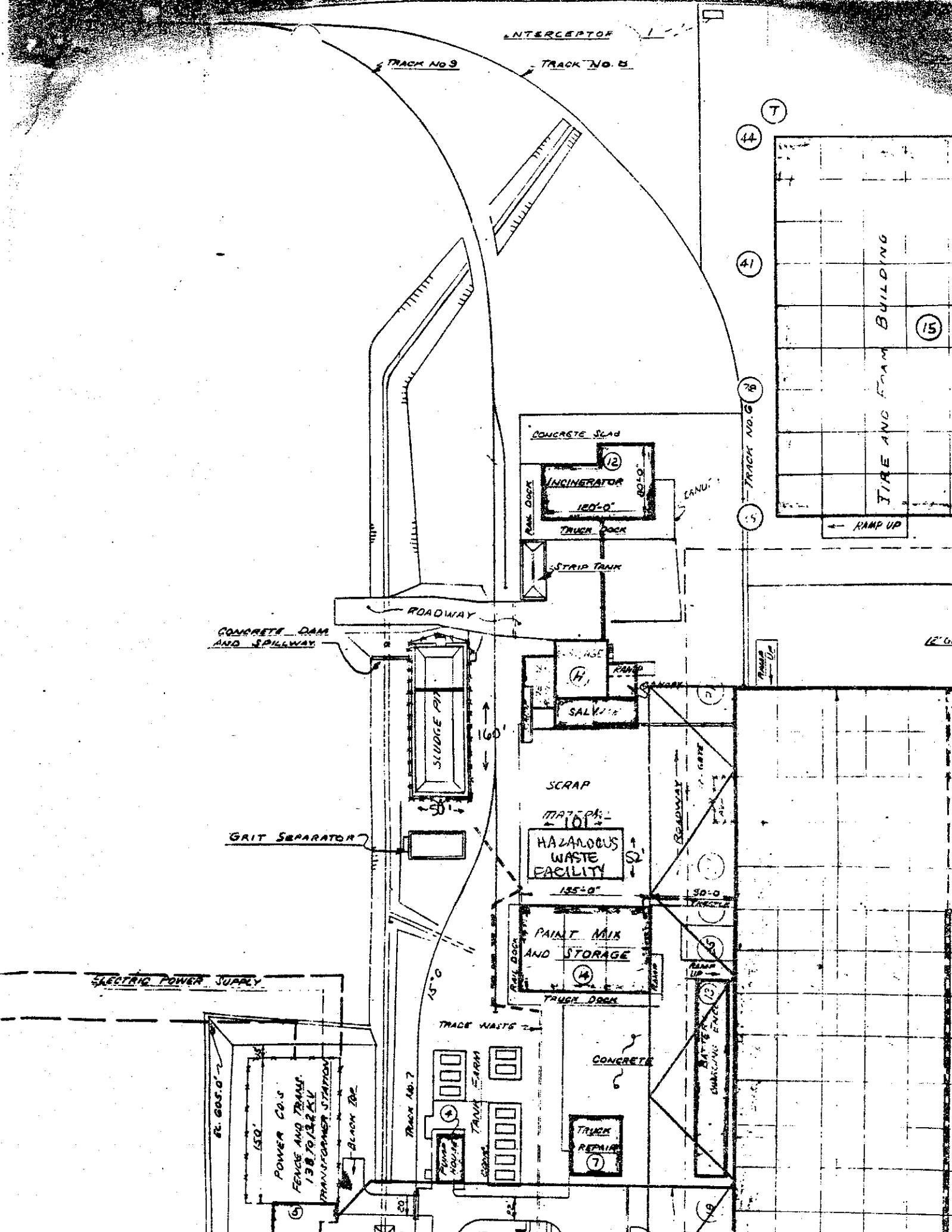
COMMENTS SHEET

SECTION: E Paragraph: 1b

Waste is stored in a fenced area  
on a concrete slab with adequate  
curbing. Area is marked with  
No Smoking signs.

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_

SECTION: \_\_\_\_\_ Paragraph: \_\_\_\_\_



**FY 1986 HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG**

1. EPA ID: TXD008018004

KC 3-13-86

2. HANDLER NAME: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

Contact Person: R L L

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 85/12/19

Add

5a. AGENCY RESPONSIBLE FOR EVALUATION:

Put code in box 5

Choose one

E = EPA

S = State

J = Joint

C = Contractor/EPA

O = Other

B = Contractor/State

X = Oversight

6. TYPE OF EVALUATION COVERED 17

BY THIS REPORT:

Put code in box

Choose one

1 = Evaluation Inspection

2 = Sampling

3 = Record Review

4 = Ground Water Monitoring Evaluation

5 = Follow Up

6 = Other - Citizen Complaint

7 = Other - Part B Call-In

8 = Other - Withdrawal Candidate

9 = Other - Closed Facility

10 = Other - General

11 = Case Development

7. DATE OF EVALUATION COVERED BY

THIS REPORT (enter only if different from 5): 85/12/19

8. AREA AND CLASS OF VIOLATION  
(Enter 'X' in appropriate box if violations found. Enter '0' if no violations found in Area evaluated. Enter '2' to indicate area of interest.)

Class of Violation	Area of Violation						
	GWM	CL/PC	Fin.Res	Pt. B	Ompl.Sch	Manifest	Other
I		0				0	0
II		0				0	0

9. ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates		Penalty		Resp.Ag. (use code)	Resp. Pers (3 initials)
				Scheduled	Actual	Assessed	Collected		

Codes for Types of Enforcement Actions:  
 03 = Warning Letter  
 05 = Administrative Order  
 10 = Informal  
 (See instructions for additional codes)

11 = Filed Civil Action  
 12 = Filed Criminal Action  
 15 = \$3008(h) Final Order  
 14 = Referral to EPA

Codes for Resp. Agency: E = EPA  
 S = State  
 X = EPA oversight

9a. STATUS OF HANDLER WITH COMPLIANCE SCHEDULE OF ORDERS: Meeting compliance schedule Yes \_ No \_ Status Date / /

10. Comments: Certification of S.I. closure received 1-14-86

(Limit each comment to 80 characters. Up to 99 comments are possible.)

## HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT LOG



TDWR ID: 30347

1. EPA ID: TX 008012004

INDUSTRY: GEN MTR &

DISTRICT: 09

2. INDUSTRY NAME: General Motors Corp.

PHONE: 817 649-6350

3. SITE ADDRESS: 2525 E. Abrams - Arlington ZIP: 76010

COUNTY: Tarrant

7. DATE SUBT: 02-15-86  
33 34 35 36

FACILITY: (G, F, T) 

G	2	
---	---	--

  
(S, L ) 38 40

4. C, F, S: ☐

6. TYPE OF EVALUATION: 

EC
----

  
44 45

CEI - EV, EC, EP, EB  
CME - GW  
OTHER - CL, SW, OT, FE

FOLLOW UP - FO  
SAMPLE - SA  
CASE DEVELOPMENT - CD

5. DATE OF INITIAL EVALUATION: 12-19-85

RESPONSIBLE AGENCY: S

AREA AND CLASS OF VIOLATION (INCLUDES DISTRICT LEVEL ENFORCEMENT ACTIONS)

		E	D	AREA AND CLASS OF VIOLATION (INCLUDES DISTRICT LEVEL ENFORCEMENT ACTIONS)												Resolv/Unres/Compliant								
		val	eg	Date Notice of Violation	Date Conference	Date Refer. to Austin for Enf.	Date High Prior. Determination	Date Response is Due for NOV	Date of Estim. Compliance	Date of Actual Compliance														
GW																								
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
CL	X																							
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
PT																								
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
MA	X																							
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
FI																								
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
SC																								
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124
OT	X																							
56	57	58	59	61	62	63	64	65	66	67	68	70	77	79	86	88	95	97	104	106	113	115	122	124

COMMENTS: (COUNTY)

A number line starting at 1 and ending at 54. It features several boxes and numbers: a box with \* 0 1 above it and 1 3 below it; a box with 220 above it and 5 7 below it; a box with 9 12 below it; a box with 14 below it; a box with 16 below it; a box with 18 21 below it; a box with 23 below it; a box with 25 below it; a box with 27 30 below it; a box with 32 below it; a box with 34 below it; a box with 36 39 below it; a box with 41 below it; a box with 43 below it; a box with 45 48 below it; a box with 50 below it; a box with 52 below it; and a box with 54 5 below it.

A number line starting at 59 and ending at 106. It features several boxes and numbers: a box with 59 61 below it; a box with 63 66 below it; a box with 68 below it; a box with 70 below it; a box with 72 75 below it; a box with 77 below it; a box with 79 below it; a box with 81 84 below it; a box with 86 below it; a box with 88 below it; a box with 90 93 below it; a box with 95 below it; a box with 97 below it; a box with 99 102 below it; a box with 104 below it; and a box with 106 below it.

• 0 2 Certificate of S.I. ~~permanant~~ closure ~~is pending~~ received 1-14-86

WORK NO: 9091

NO. OF SAMPLES:

SUBMITTED BY:

R. L. Haverdale

TWC-0814-1 (Rev. 09.17.85)

WASTE DIVISION

RECEIVED  
RCD 2-17-86  
JAN 17 1986  
SOLID  
WASTE DIVISION